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ABSTRACT

Young children with special needs should be served within inclusive early childhood programs. Quality Early Childhood Care and Development (ECCD) programs provide a model to use when developing inclusive programs for children of all ages. This theme issue of "Coordinator's Notebook" focuses on the development of inclusive ECCD programs. The journal is divided into five sections. "Inclusion: Inclusive ECCD: A Fair Start for All Children" provides a brief description of the history of attention to those who are differently-abled, defines principles of programming for inclusive ECCD programs, identifies some of the issues related to creating inclusive early childhood programs, and outlines the goals for inclusive early childhood programs. "Related Resources" presents available independent, UNESCO, World Bank, and World Health Organization titles related to ECCD. "Moving Toward Inclusion: Experience in Inclusive ECCD from Guyana, Lao PDR, and Portugal" supplies case studies of processes undertaken to create inclusive ECCD programs in many parts of the world. "International and Inter-agency ECCD Initiatives" outlines current studies, projects, programs in the ECCD field. The journal's regular feature, "Network Notes," introduces relevant new organizations and reports on activities, meetings, and the calendar of the Secretariat and of the Partners of the Consultative Group on ECCD. (JS)

22, 1998

Coordinators' notebook

An International Resource for Early Childhood Development

THE CONSULTATIVE GROUP
ON EARLY CHILDHOOD
CARE AND DEVELOPMENT

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INCLUSION

Inclusive ECCD:

A Fair Start for All Children

JUDITH L. EVANS

UNICEF/5603/Mark Thomas,

Luz Maria *was born blind. She is the last of five children in her family and lives in a squatter settlement on the outskirts of Rio de Janeiro. Her older siblings watch out for Luz Maria, as do neighbours. She is able to make her way around the compound, but seldom leaves familiar territory. While very bright, Luz Maria will probably not go to school since the teachers do not know how to relate to her because of her blindness.*

Lijembe *lives in the Sudan. He was a very small infant, and he continues to be below minimum weight on the growth charts. He is lethargic, seldom smiles, and is not very interested in the world around him. People tend to ignore him.*

Farouk *lives in Sarajevo. At the age of three he was playing in the fields and saw a plastic toy lying in the grass. When he went to pick it up it exploded. He lost his right arm below the elbow. Before the accident he had been attending a play group in the neighbourhood. Since the accident he has stayed at home; his family is ashamed and embarrassed that he cannot do the same things as other children.*

UNICEF/5527/John Isaac

Environmental risk. Too many children are victims of civil strife.

Throughout the world there are millions of children like Luz Maria, Lijembe and Farouk. They are classified as children with *special needs*; i.e., they are not like 'normal' children. The fact that these children have special needs means that they are and will be treated differently than other children.

Historically, as well as in many contemporary cultures and sub-cultures, children with special needs have been ignored or neglected, and also abandoned. There are complex practical and psychological factors at play. Their families, and the children themselves, may experience shame and fear about their differences. The children are pitied and often ridiculed. These reactions are generally due to ignorance about the causes of their handicaps. Shame often arises from the belief that the handicap might be a punishment for a sin committed in the past; fear is common because of the unknown and the unpredictable nature of the children's behaviour caused by their particular handicap; pity results from the supposed helplessness of the child and his/her need for care and protection. The children are ridiculed because they are different, and parents are embarrassed because of the child's behaviour. Special needs children are often looked upon as a burden. They are frequently regarded by the family and community as worthless, useless, and dependent, and it is no surprise that children quickly take on this view of themselves.

Children who are different and require special attention need support, as do their families, however the social mores which guide a community's reaction to these differences frequently lead the child and family to isolation, rather than the *inclusion* they need.

What children are at risk of having special needs? There are three recognised categories of risk.

1. Established Risk. These are children who come into the world "differently-abled"; they have an identifiable disability when they are born. These include children who are blind or deaf at birth. Established Risk also includes children with neurological problems, and those who are mentally retarded. (Luz Maria is a child with Established Risk.)

2. Biological Risk. These are children who have a physical problem at birth that can be remediated. For example, low-birth weight babies need more support than normal babies in order to survive and thrive. With appropriate support they can do well. (Lijembe is a child at risk biologically.)

3. Environmental Risk. These are children who may well develop special needs because their environment causes them harm and/or does not support their optimal growth and development. Children within this category live in poverty; they are from ethnic minorities that do not receive the services available to others in the country; or they are being raised in conditions of war and violence. (For example, Farouk.)

In all three categories, early intervention can make a difference in the child's quality of life. While intervention for children with Established Risk will never make them normal, they can be given support that helps maximise what they are able to do. For children in the other two categories, early intervention can have a significant impact on their ultimate development.

The question arises, How should the needs of these children be addressed? When children with Established Risk are identified in resource-rich countries, their needs are generally addressed through specialised but separate programmes. In the Majority World, when children with Established Risk are identified, there are generally few services available to them. While many in the Majority World are seeking to duplicate systems and specialisations that have been created in resource-rich countries to accommodate children with Established Risk, in the Special Education field as a whole there has been a shift in thinking about how children with special needs should be served: In both the Majority World and resource-rich countries, questions are being raised about how appropriate it is to have specialised-but-separate services for children with special needs.

In the field of Special Education there is currently much wider understanding and acceptance of the fact that every child has a right to as full, independent, and 'normal' a life as possible. Many child advocates argue that, in spite of the fact that some children may be different physically and/or mentally, all children have a contribution to make to society. All children have the right to be *included* in the activities that constitute daily life. The policy of *inclusion* promotes a process that allows ALL children to participate in ALL programmes. In applying the philosophy of inclusion in the field of early childhood care and development, the goal is to create effective ECCD programmes that are available to all children, rather than creating special programmes for young children with special needs. Therein lies the challenge! Since inclusion is a relatively new approach, however, there are as yet limited examples of application in actual early childhood programming.

While it is clear that all three risk categories will produce children with special needs, Categories 2 and 3 (Biological and Environmental Risk) have been a primary focus of ECCD programmes in the Majority World in recent years. The area that has not been addressed adequately are children with Established Risk. Thus in this article we try to look more specifically at how to create inclusive ECCD programmes for children with Established Risk.

The basic thesis we will explore in this article is that quality ECCD programmes provide a model that can be used for the development of inclusive programmes for children of all ages. It is particularly important that these programmes be developed for children from birth onwards, as many of the biological and environmental conditions that result in children having special needs can be ameliorated through early attention.

In our discussion on inclusive ECCD programmes, we offer a brief description of the history of attention to those who are differently-abled for the purposes of understanding how we have arrived at the concept of inclusion. Then we define principles of programming for inclusive ECCD programmes, and we identify some of the issues related to creating inclusive early childhood programmes, and, finally, we determine what we need to be working toward. In the article that follows, "Moving Toward Inclusion," we provide some case studies of the processes that have been undertaken to create inclusive ECCD programmes in the Majority World.

Origins of the Concept of Inclusion

A Brief History of Support for Children with Special Needs

A review of the history of attention to children with special needs as it evolved in Europe is illustrative of the 'special education' shifts in resource-rich countries over the past 200 years. Tuunainen (1997) outlines five phases. During Phase I (1775–1875), there was an acknowledgment that there were children who needed special services and support. During this time schools and institutions were created to care for differently-abled children. Generally these institutions were created by religious and/or charitable organisations.

During Phase 2 (1875–1945), there was a recognition that society had a responsibility for children with special needs, and the formal rights of these children were incorporated into legislation. The social awareness of the needs of children with differing abilities led to the creation of specialised services.

In Phase 3 (1945–1970), there was a rapid expansion of services, most often offered in segregated settings. As noted by O'Toole (1991), "The individual and the problem were lifted out of the social context in which they existed and attempts were made to impose a solution in a new context of the therapist's making." (15) This tendency toward isolation of children with special needs was reinforced in some countries by the fact that many of the settings within which special education provision was located were outside of and away from the community. (Ainscow 1994, 4) In reality, the isolation of institutional settings was a modern-day form of the hiding of children with handicaps that was characteristic of earlier times.

The major breakthrough for persons with disabilities came in Phase 4 (1970–1990). The buzz words for this next shift in thinking were *individualisation, normalisation, integration, and mainstreaming*. During this period, children with special needs began attending the same schools as other children. Initially they were put into separate classes within the same setting. Over time, however, these children were *mainstreamed* (i.e., integrated/fit into existing classrooms and services) for at least part of the day, if not for the whole day. While this approach was an improvement over the isolation of many institutional settings, the reality of children's mainstreaming experience was that their needs often went unmet in classes designed for sighted, hearing, developmentally 'normal' children, and the supplemental special services they received were not only costly, but they set the children apart from their peers. In other words, mainstreaming children frequently did not result in true integration for children with special needs.

Phase 5 began in the 1990s. Once again there was a major conceptual shift in how to address special needs. The focus is now on *inclusion*: creating environments responsive to the differing developmental capacities, needs, and potential of all children. For children with special needs, inclusion means a shift in services, from simply trying to fit the child into 'normal settings', with supplemental support for their disabilities or special needs, to promoting the child's overall development in an optimal setting. To do this it is critical to focus on restructuring the environment, and systems in that environment, to accommodate the needs of all children, rather than simply addressing the special needs of certain children in isolation from the overall curriculum and setting.

Why the Shift to a More Inclusive Ideology?

There have been a number of reasons for a shift to a more inclusive ideology—some based on children's rights, others based on experience gleaned from providing services for children with special needs. What follows is a discussion of some of the reasons for the shift.

■ There is a recognition of a child's rights.

There have been a range of international declarations that have helped shape the current focus on inclusion as an approach to addressing children with special needs. 1981 was the International Year of the Disabled. This was a major turning point in raising awareness about issues faced by the disabled, and led to the Decade of Disabled persons (1982–1993). Broader international declarations have helped to secure the rights of all children. Among these is the Convention on the Rights of the Child (CRC) put forward in 1989, which includes the following Articles:

> ARTICLE 2 *states that "all rights shall apply to all children without discrimination on any ground including disability."*
>
> ARTICLE 23 *declares the rights of disabled children to enjoy a full and decent life, in conditions which promote self-reliance and facilitate the child's active participation in the community. It also states the right to special care, education, health care, training, rehabilitation, employment preparation, and recreation opportunities, all these shall be designed in a manner conducive to the child achieving "the fullest possible social integration and individual development, including his or her cultural and spiritual development."*

The Education for All Forum, held in 1990, put forward the Framework for Action to Meet Basic Learning Needs. This reinforced the notion that all children should have access to basic education as put forward in the CRC. Paragraph 8 calls for "expansion of early childhood care and development activities, including family and community interventions, especially for poor, disadvantaged and for disabled children."

In 1993 the United Nations Standard Rules on Equalisation of Opportunities for Persons with Disabilities were established. The next major initiative was the Salamanca Statement and Framework for Action on Special Needs Education, issued after an international conference held in 1994.

> *The success of the inclusive school depends considerably on early identification, assessment and stimulation of the very young child with special educational needs. Early childhood care and education programmes for children aged up to six years ought to be developed and/or reoriented to promote physical, intellectual and social development and school*

> *readiness. These programmes have a major economic value for the individual, the family and the society in preventing the aggravation of disabling conditions. Programmes at this level should recognise the principle of inclusion and be developed in a comprehensive way by combining pre-school activities and early childhood health care.*
>
> Salamanca World Conference on Special Needs Education Article 53

Thus there is clearly an internationally-endorsed mandate to create inclusive programmes for children with special needs, and to develop those programmes for children from birth onwards.

■ There is a recognition of the limits of a medical model to meet the needs of all young children.

With the increase in resources going to children with special needs, and a greater understanding of how the body works, in the 1950s there was a move in resource-rich countries to greater and more finite specialisation. Categories were created based on a medical definition of a child's disability. This has led to a tendency to perceive problems in accordance with the psycho-medical paradigm, the result of which is to identify the child by his/her classification. This narrow focus often leads to segregation and exclusion of the child from learning environments. As noted by Ainscow (1994), there is a "growing understanding that handicapping conditions are much more widely spread, more varied and more complex than systems of categorisation based largely on medical criteria tend to indicate". (4) Children's behaviour and characteristics are more accurately reflected on a continuum than in discrete categories. Furthermore, diversity among all children is normal.

What a paradox: in order to help, we accept labelling, discrimination, and exclusion which in many cases can cause severe problems to the children and to their families. *Tuunainen 1997, 22*

■ There is a move to a primary, rather than curative, health-care focus in the Alma-Ata Declaration, 1978.

The concept of primary health care had an impact on the provision of support for children with special needs in several ways. First, the primary health care position advocates that it is more important to bring about even small improvements in the health of the entire population rather than to provide the highest standard of care for a privileged few. Second, it recognises that non-professionals with appropriate but minimal training can provide crucial services. (O'Toole 1991, 13)

The implications of the public health approach for children with special needs suggests that, rather than allocating scarce resources to a few, a broader range of services should be made available to the many. The model of using specialists to deliver one-on-one service to individual children has proven to be a very expensive model. Through the inclusive approach, the role of professionals is to train caregivers and others in the community to create a supportive environment, that may or may not require some technical inputs from a specialist. For the most part the basic skills and strategies for dealing with diverse needs can be transferred to those who have the most constant contact with the child.

■ There is a move from a model that focuses solely on the child, to one which sees the child in a wider social, economic and political context.

There is a move away from the medical model which isolates children, to a social, ethical and economic understanding of what it means to have special needs. This view arises from a realisation that a child's progress can be understood only in respect to particular circumstances, tasks, and sets of relationships. As summarised by Ainscow (1994), there is "an increasing recognition that the difficulties encountered by young people in their general development are likely to arise as much from disadvantageous circumstances as from individual characteristics." (4)

For children of primary-school age, one of the "disadvantageous circumstances" may well be the school system. Children with special needs related to *learning* constitute 90% of the children with special needs within the school-age population. (UNESCO 1997) It is quite likely that the formal education system fosters an increase in the number of children with special needs, rather than meeting their needs and supporting children's development.

■ There is a recognition of the limits of segregated approaches.

Specialisation has led to one-on-one therapies, where the specialist works with the child for a very limited amount of time during a given week (perhaps as little as an hour). This attention is often provided out of the context of the child's daily life, does not always allow for the transfer of skills to those who are part of the child's environment, and does not take into account children's needs to be part of a social group. Social learning is a critical part of children's experience. The social isolation experienced as a result of segregated programmes can have a negative effect on the child's development. As noted by Holdsworth (1997), "Exclusion in the early years can reinforce exclusion throughout life." (9)

■ There is an increasing gap in terms of the number of people who can be served by 'specialists' and the number of people who need to be served.

It is estimated that approximately 10% of the child population can be classified as having special needs. In countries where there is extreme poverty, war, and violence, this is likely to increase to sixty percent or more. One way to assess the extent to which the country is meeting the needs of this population is to look at what percentage of special needs children are being served by the school system. In 1986/87 UNESCO conducted a survey of 58 countries in relation to provision for people with special needs. It was found that 34 countries have fewer than one per cent of pupils enrolled in special education programmes; ten of the countries had special education provision available for less that one-tenth of one percent of pupils. (Anscow 1994, 2–3) Evidence from the survey led to the conclusion that, "Given the size of the demand and the limited resources available, the education and training needs of the majority of disabled persons cannot be met by special schools and centres." (UNESCO 1988b, 15) Thus even ten years ago the need for specialised services far outstripped the demand.

Today the situation is even more severe. With screenings that identify more people with special needs, the increase in the numbers of children who have physical disabilities and needs for psychological support as a result of war, the increasing number of children with special needs as a result of a polluted environment, and the increasing number of children raised in poverty as a result of global economics, the percentage of the population that could be classified as having special needs is increasing exponentially. (UNESCO 1997)

■ There is a recognition that the resources required to provide specialised services leave many unserved.

The costs of introducing specialised services in the Majority World that are equivalent to (i.e., meet the standards of) what is offered in resource-rich countries are high. When countries are struggling just to meet people's minimum needs for health and education, it is hard to justify the allocation of extensive resources to the creation of specialised services. As O'Toole notes:

> *In our blinkered desire to imitate the services offered by the West we have lost sight of the true magnitude of the problem.... However, to the 98% of families who are presently receiving no assistance the argument concerning 'standards' has no relevance. For them the question becomes, quite simply, will any significant service reach them during their lifetime.*
> (O'Toole 1991, 11)

■ There is a recognition that the holistic nature of a child's development requires a holistic approach.

Specialisation leads to compartmentalisation of the child, and to the belief that discrete actions can be applied to meet the needs of categories of children. People in the Majority World should not have to make the same mistakes that have been made in resource-rich countries where experience has shown that the 'multiple-professional' model for working with children with special needs is not the best model. To illustrate the complexity of the multi-specialist model, and what it leads to in terms of services for the child, Bruder (1997b) lists all the specialists that might be involved with a young child. These may include audiologist, early childhood special educators, early childhood educator, nutritionist, nurse, occupational therapist, physician, psychologist, physical therapist, speech-language pathologist, and a vision specialist. As Bruder notes,

> *Each discipline has its own training sequence...and licensing and/or certification requirements, most of which do not require specialisation to work with young children (and their families).... Different disciplines tend to use different treatment modalities (e.g., occupational therapists may focus on sensori-integration techniques, and physical therapists may focus on functional movements using a neuro-developmental approach).* (Bruder 1997b, 1)

This specialisation has led to a partitioning of children, and to treatment that focuses on trying to ameliorate the problem, rather than addressing the multiple needs and abilities of the child.

By looking at the assumptions underlying the multiple professional model it is possible to see its limits. These are outlined by Bruder (1997b, 2) and include:

- The model assumes that a professional from a specific discipline is the most appropriate person to provide the intervention within a given developmental area.

Yet, given the nature of children's development, there would be overlap between what is provided through, for example, oral/motor interventions, and those that are provided through social-cognitive interventions.

- The model is based on the assumption that the child will progress in only the developmental area in which the discipline-specific intervention occurs.

Most children who receive early intervention services demonstrate delays across many areas of development. It is very difficult to design interventions for these children because of the necessity and intensity of discipline-specific interventions. The choice of interventions becomes arbitrary and the effectiveness of a single disciplinary intervention cannot be evaluated in isolation of other interventions. In resource-

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The resources required to provide specialised services leave many children unserved.

rich environments, service delivery plans can be implemented by an assortment of people and professional disciplines, all delivered with varying degrees of frequency and intensity.

- The model is based on the assumption that both the child and family will be able to assimilate information and interventions from multiple professionals across multiple developmental areas.

The "lack of integration results in an overwhelming list of discipline-specific interventions which must be integrated into a child's daily routine by the family. This absence of coordination raises serious questions about the model's effectiveness." (Bruder, 1997b, 2)

In summary, there have been a number of recent international, socio-economic, political, and professional developments related to working with children with special needs that lead away from a focus on the individual child to one which steps back and takes a look at the environments within which all children live. Given the multiple influences that have led to a push for the development of "inclusive" models, the question then arises, What are the implications of inclusion for early childhood programming?

Early Childhood Care and Development and Inclusion

There are several factors that make it important to look at the relationship between the concepts associated with inclusion and those that are associated with early childhood care and development. The first concept has to do with the value of early intervention in preventing some disabilities and ameliorating the impact of others. The second has to do with the fact that the fundamental principles applied in quality ECCD programming are consistent with the principles required to ensure children's rights to inclusion.

In Box 1 Holdsworth (1997) presents a summary of the relationship between the Convention of the Rights of the Child, the Salamanca Statement, and the principles of ECCD.

Box 1—The Relationship between the CRC, the Salamanca Statement, and ECCD Principles

Convention on the Rights of the Child	Salamanca Statement and Framework for Action (FfA)	Fundamental Principles of ECCD
. . .childhood is entitled to special care and assistance. (Preamble). . . ensure to the maximum extent possible the survival and development of the child. (Art 6)	Every child has a fundamental right to education, and must be given the opportunity to achieve and maintain an acceptable level of learning. (SS2)	Early childhood is the foundation on which children build their lives. But it is not just a preparation for adolescence and adulthood; it has importance in itself.
. . . education shall be directed to development of the child's personality, talents and mental and physical abilities to their fullest potential. (Art 23)	Inclusive schools must recognise and respond to the diverse needs of their students, accommodating both different styles and rates of learning. (FfA7)	Children develop at different rates, and in different ways emotionally, intellectually, morally, socially, physically and spiritually. All are important; each is interwoven with others.
Recognising the special needs of a disabled child, assistance...shall be provided to ensure that the disabled child has effective access to and receives education...conducive to the child's achieving the fullest possible social integration and individual development. (Art 23)	Every child has unique characteristics, interests, abilities, and learning needs. (SS2)	All children have abilities which can (and should) be identified and promoted. What children can do (rather than what they cannot do) is the starting point in their learning.
	The challenge confronting the inclusive school is that of developing a child-centred pedagogy capable of educating all children. (FfA3)	Young children learn from everything that happens to them and around them; they do not separate their learning into different subjects or disciplines.
...the right...to engage in play (Art 31)		Play and conversation are the main ways by which young children learn about themselves, other people, and the world around them.
. . . a right to freedom of expression to seek, receive and impart information and ideas of all kinds (Art 13)		Children who are encouraged to think for themselves are more likely to act independently.
...the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding. (Preamble) the right...not to be separated from his or her parents against their will. (Art 9)	Parents are privileged partners....(FfA60) Local administrators should encourage community participation....(FfA63)	The relationships which children make with other children and with adults are of central importance to their development.

Source: Holdsworth 1997, 12–13

Given the fact that the CRC, the Salamanca Statement, and basic ECCD programming principles take much the same position in relation to the provision of opportunities for all children, the question can rightly be asked, *What (if any) are the differences between good ECCD programming and inclusive programming?*

The answer is that there is no basic difference between a quality early childhood (ECCD) programme and an inclusive programme; they have many of the same characteristics.

- There is an understanding of the importance of early interventions as a foundation for later development.
- There is recognition of the importance of developing linkages and of cooperating closely with the family.
- Within both inclusive and early childhood programming there is recognition of the need to focus on the child's social development, as it is linked in an integral way with children's learning.
- There is an emphasis on active learning.
- There is recognition of the importance of individual differences and planning for the needs of individual children, within the context of the group.

Because of the similarities in goals and approaches, quality inclusive early childhood programmes should be created as a first step in including children with special needs in educational systems. This can be done by adhering to some of the following principles.

Principles for Inclusive ECCD Programming

In most settings the development of inclusive programmes is relatively new, thus there are not many models of how they can be implemented effectively. Therefore, as programmes are being developed, the people involved need to be flexible and willing to experiment and learn. The following are some specific recommendations on moving toward inclusive programming.

■ Begin with parents/families.

Families are the first and foremost decision-makers on behalf of the child. Therefore, parents need to be key participants in the design of inclusive programmes. One of the key principles in the development of ECCD programmes is to begin with what parents already know and do. Specifically,

- begin with the parents' questions and concerns;
- build on the parents' current understanding—what do they see as the problem?;
- give the parents time to work through the issues; and
- help parents to take a long-term view (the immediate service may represent a solution that will work for the short-term, but the long-term needs to be a part of the planning process as well).

■ Build partnerships.

In some countries there are professionals trained

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Begin with parents.

to diagnose the child's status and provide specialised services. With the shift away from intensive one-on-one therapies to an inclusive approach, the role of the professional needs to be re-defined. While professionals could be available to work with parents in the development of inclusive programmes, the question is, "How can professionals and parents work together to determine what is in the best interest of the child?"

A review of current approaches to the provision of services for children with special needs (UNESCO 1997) reveals that in the reality of programming, there is no uniform view of how parents should be involved in programmes for children with special needs. Within the set of case studies included in the UNESCO review the degree of partnership between professionals and parents can be placed on a continuum. At one end of the continuum is the attitude that it is the professional's role to decide what the child needs and to provide appropriate services; parents are not a part of the process. The next position along the continuum is the view that parents are important in terms of getting the services delivered. Parents are taught what to do; the professionals are in control of defining what needs to be done. Further along the continuum parents are included in the discussion about what should happen for the child. At the next point on the continuum parents are the decision-makers and determine the services the child receives. Finally, at the other end of the continuum, largely in the Majority World where community-based programmes are being created, the responsibility is put almost completely on the parents (and community) to develop and deliver services.

The bottom line is that partnerships need to be created between professionals and parents, regardless of the extent of professional expertise available in the community and/or country. However, it is not easy to create these partnerships. There are a number of variables that influence the nature of the relationship. The following are specific issues that need to be addressed in creating parent/professional partnerships.

The relationship that parents and professionals have with the child. For the parents the child represents a day-to-day reality and a life-long commitment. The reality of having a child with special needs is always present for the family. Thus, their concerns go well beyond the delivery of a specific service. Professionals, on the other hand, are working with a set of rules and procedures, viewing each child as one among many being provided for within a defined service. The professional simply wants to get his/her job done. Thus the rhythm is very different for parents and professionals, and entails very different levels of commitment to meeting the child's needs.

How the professional views his/her role. Many professionals see themselves as the ones who have the answers. They diagnose the situation and know what should be done. If parents are truly to be partners in making decisions about their child's well-being, then the professional has to become a mediator, facilitating and allowing a constructive dialogue between all the concerned persons.

The balance of power between parents and professionals. Professionals have power because of their knowledge and skills in addressing the needs of the child. They also have power because of their position within the system, which gives them the authority to allocate (or deny) services. While parents have the ultimate authority to make decisions on behalf of the child, if parents do not have the knowledge and self-confidence to take on this role, then professionals typically maintain control.

The socio-economic groups represented by professionals and parents. Many professionals are from a different socio-cultural level (or ethnic) group than the parents. This can mean that the two groups are operating from a fundamentally different approach to life and have different beliefs and attitudes about childrearing. The greater the use of people from the culture in the professional role, the greater the congruence between the world view of professionals and parents, and the greater the likelihood of finding common ground.

The kind of information and training provided for families. In order for the family to make appropriate decisions they need accurate information, in terms they can understand. In addition, parents may need to be trained how to ask the right questions and how to become negotiators in their discussions with the various professionals they meet. Information and training help shift the balance of power from the professional to the parent.

■ Focus on the child's early interactions with people in the environment.

This principle is derived from an understanding of the value of interaction and communication. Interactive experiences are important in helping children develop to their fullest potential. The challenge is to build such experiences into family support services.

A project that was developed in response to an understanding of the value and nature of early interactive experiences was developed in Denmark, based on work of an anthropologist working in Uganda in the 1970s. In her work *Infant Care and the Growth of Love*, Mary Ainsworth (1967) concludes that infant care and the growth of love results:

- *when there is frequent and sustained physical contact between the mother and child—especially during the first six months of the child's life,*
- *from the mother's ability to soothe the infant effectively through physical contact,*
- *when mothers are sensitive to the infant's signals and are responsive to her/his demands.*

- *when mothers are able to provide caregiving in harmony with the baby's rhythms; and*
- *when mothers regulate the baby's environment so that she/he can understand the consequences of her/his own actions.*

The study results have been replicated in other cultures, and later studies indicate that a variety of caregivers can provide these dimensions in their relationship with the child (i.e., it is not only the mother with whom the child can form an attachment).

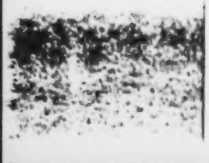
Many of the concepts identified by Ainsworth have been given academic-sounding labels, which distances the activities from the lives of people in communities. It is important to ground interventions for children and parents in daily life. The basic message that needs to be conveyed is that it is important for parents to see the child as a whole person and to see the child's potential.

In Scandinavian countries there is a move to encourage mothers to take more time to be at home with the child, and for more attention to be paid to the mother's early interaction with the child. A programme in Denmark was developed through the application of the principles defined by Ainsworth and others in the field who have contributed to an understanding of what children require across all cultural settings. In the Danish programme, the caring principles noted above are used in helping parents establish a relationship with severely premature infants with multiple disabilities. Before the inception of the programme, parents began interaction with their infants when the child was 6–8 months old, at the point when the child was released from medical care. Parents said this was too long to wait. In the new programme parents can come in from day one and are involved in the care of their child in the hospital. This has proven to be very beneficial for parents and children. (Dyssegaard 1997)

■ Recognise that there is no one single delivery system option.

There is no one ideal service. The services provided for children are the result of choices that are made through parent/professional partnerships, based on local resources. Inclusive early childhood activities can be offered in a variety of settings and include a range of activities. They can include, for example:

- *advocacy/consciousness-raising to make the community aware of the value and rights of all children;*
- *outreach to those with resources (human and financial);*
- *parent education and empowerment;*
- *home-based services;*
- *development of parent-to-parent programmes;*
- *development of preschool programmes/play groups;*
- *development of home-to-care and/or to-school transition plans;*
- *use and promotion of schools as centres of lifelong learning, health, and well-being;*
- *training for health care, social services, and education workers on issues in early childhood, health, development, and inclusion;*
- *training on specific topics for specific audiences (assessment, intervention, curriculum, advocacy, empowerment, evaluation);*
- *community mapping (identification of formal and informal structures, resources, and services).*



■ Staff the programme appropriately.

Well-trained staff who support one another and have complementary skills are critical to the implementation of a successful inclusive programme. In beginning a new programme it is particularly important to be able to recruit appropriate staff; they should be selected from among those who are committed to the concept of inclusion and interested in being involved in the effort. A particularly effective cadre of staff can be drawn from parents who themselves have a child with special needs. New parents can quickly identify with these seasoned parents and together they can share experiences and develop strategies to meet the child's needs.

■ Provide appropriate training.

Training is an essential element in the implementation of quality inclusive early childhood programmes. Historically training systems have been put into place in many countries to create specialists to work with children with special needs. As has been noted, in some countries these systems are more developed than in others. However, the development of inclusionary programmes requires a different type of professional training. It is important to create a training programme that reinforces the competencies/skills of various caregivers and existing professionals rather than to create a new specialised set of professionals.

Different training is required for different populations. Within the medical profession, for example, practitioners need more information on normal child growth and development, and training in how to work in partnership with parents. For professionals who provide services, there is a need for a balance between general knowledge about child development and knowledge related to special needs. Parents should have this information as well, and they require training in terms of how to work in partnership with professionals. Professionals require training in how to work with people from other disciplines. All those working with families could benefit from training in communication, negotiation, collaboration and partnership, advocacy, values and attitudes, and respect for local community and families.

Furthermore, it cannot be assumed that caretakers/teachers are equipped to open their homes or centres to children with special needs. Even excellent early childhood providers and teachers need additional training and support to address the diverse needs of children within a wide developmental range of abilities.

Trainers need to be developed at many levels: trainers for the medical profession, trainers for those working in social services, trainers for those working with parents. Parents themselves can be very effective trainers. One-shot pre-service training is never sufficient. While there is a need for initial training to provide people with the basics (whether they be within the medical profession, social workers, teachers or parents), there will always be a need for support and additional training as new knowledge and experience is generated. This is particularly true in terms of the development of inclusive early childhood services since this is a relatively new endeavour.

In the development of training systems it is important to emphasise that rather than creating completely new training systems, it is more cost-effective to work with and revise/remodel current training systems.

What Gets in the Way of Inclusive ECCD Programming?

While it is true that people developing inclusive programmes for young children can, in essence, follow the principles that provide the basis of any good early childhood programme, that is easier said than done. The field of special education brings with it a history and a set of attitudes and procedures that make it difficult for both parents and professionals to accept the premise that the basic requirement for young children with special needs is a quality early childhood approach. There are some beliefs and practices, as well as logistics and practicalities, that hinder our ability to implement inclusive ECCD programmes. What follows is a description of some of the specific challenges that have to be overcome.

Beliefs and Practices

■ The practice of waiting for children to catch up before they can move forward in the system

This happens particularly in relation to children who are slower mentally. They are kept at home or held in early childhood programmes (if they are available) until they are deemed 'ready' for primary school work. This means they may spend several years in the early childhood programme and/or have delayed entry into primary school. This practice puts a burden on those offering the ECCD programme, because the place occupied by that child is taken for longer than for a child who progresses based on age, and it puts pressure on the child who is increasingly out-of-synch with age cohorts, both physically and socially.

■ The false notion that some children cannot learn

Frequently there is an assumption that children who are differently-abled physically do not have the same mental capacity as other children; this is untrue. In addition, while some children have a limited mental capacity, there are still things they are able to learn. There are differences in children's styles of learning and in what they can learn. What tends to happen is that people who work with children with special needs put artificial limits on what these children can learn, or insist on a particular style of learning that is not in keeping with the child's abilities or optimum mode of learning. This is frequently based on a limited understanding of what the learning process entails.

■ The desire within Majority World countries to copy what has been developed in resource-rich countries

There is still considerable reliance on what happens in resource-rich countries as the standard to which the Majority World should aspire. It is hard for many to believe that inclusive education is of the same (or greater) benefit for the special needs child when they are aware of the highly specialised approach taken in the Minority (resource-rich) World that gives the outward appearance of meeting the child's unique needs. O'Toole (1991) notes, "We have been seduced by the modernisation mirage which has fostered the illusion that Western skills, knowledge and attitudes should be diffused to developing countries. The mirage is so vivid that many civil servants insist that Western-style institutions are the solution and anything else is 'humiliatingly second-rate'." (11)

■ A belief that only those with specialised training can provide appropriate experiences for children with special needs

Those with specialised training may not be the best providers for children in inclusive settings. As noted by Bruder (1997b), "Some disciplines that provide related services have evolved from a medical orientation (e.g., therapies), and staff from these disciplines may be uncomfortable in early education classroom settings. These professionals may be used to providing hands-on, direct services to a child in an isolated room rather than integrating the interventions into the child's educational setting. They may have never provided services to a child within a group situation, and as a result they may not feel competent or confident in doing so." (1) By and large, the evidence seems to support the view that those who are successful in

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It is not true that only those with specialised training can provide appropriate experiences for children with special needs.

working with children with special needs are to a large extent using strategies that help all children succeed. (Ainscow 1994, 24)

> I have to say that during my career I have spent considerable time and energy attempting to find special ways of teaching that will help special children to learn successfully. My conclusion now is that no such specialised approaches are worthy of consideration. Whilst certain techniques can help particular children gain access to the process of schooling, these are not in themselves the means by which they will experience educational success. Furthermore, framing our response in this way tends to distract attention away from much more important questions related to how schooling can be improved in order to help all children to learn successfully. *Ainscow 1994, 19*

Logistics and Practicalities

This set of issues relates to the on-the-ground realities that confront people when they attempt to create inclusive programmes. They include:

■ **The increased pressure in many countries to make preschools into primary schools, and the related pressure to begin formal education at a younger age**

By formalising the experiences of children prior to entry into primary school, there is a limit on the child-centred kinds of activities that make it possible for children with differing abilities to participate in a group setting. As was noted, the typical approach in quality early childhood settings is highly consistent with the inclusive education perspective. The trend to formalise preschools as a step toward school readiness is likely to create an exclusive rather than an inclusive environment.

■ **The lack of resources allocated to the development of inclusive programmes**

With the focus on expansion of basic education throughout the Majority World, it is extremely difficult to be in the position of arguing for resources to be allocated for children with special needs. Yet these children are a part of the society and have rights to education as do all other children. What tends to happen, however, is that the education budget is viewed as a finite percentage of the national budget. In that instance, funds for children with special needs (when they are made available) may well be diverted from the general education budget. This leaves even less funding for basic primary education. In addition, as noted earlier, the school system itself may well be creating children with special needs. As

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Ainscow (1994) states, "If this is the case, a ludicrous procedure is taking place by which the 'victims' of a school system are given extra help by transferring finances in such a way that it becomes likely that even more victims will be created." (21)

What We Are Working Toward

Greater Awareness

Awareness is a part of the answer. Case studies (see pages 27–50) indicate that in order to develop sustainable inclusive programmes it is necessary to raise awareness. There is a need for advocacy on behalf of children with special needs. The general public must be made aware that all children have the right of access to the supports that promote healthy growth and development, regardless of where children start in terms of their knowledge, skills, and abilities.

Arguments in favour of attention to children with special needs can be built on a variety of platforms. While research indicates the value of inclusive programming for all children, research is not frequently used to sell the concept. In some countries it is the international declarations, and the government's endorsement of these statements, that seem to motivate the development of inclusive programmes. International donor agencies can play a significant role as well, by working with governments to develop programmes for children with special needs. In still other instances, it is the advocacy by parents that is forcing the government to take the needs of all children into consideration. Moving to inclusion may also be the result of financial constraints and a recognition that inclusive programmes cost less than specialised services. Any (or all) of these mechanisms can come into play in building a case for and shaping the development of inclusive programming.

It is important to recognise that while awareness comes from knowledge and information, it also involves attitudes. Attitudes determine how information is interpreted. The reality is that arguments in support of special education are often political and emotional rather than rational.

More Appropriate Screening and Assessment Techniques for Determining Children's Needs

There are two processes for determining the specific needs of children: screening and assessment. These are not interchangeable processes. Screening is a preliminary process for identifying those who may be at risk of future difficulty. The identified children must then be assessed more carefully to evaluate the nature of the difficulty.

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Early assessment is crucial.

■ Developmental screening

In general, the more severe the disability, the earlier and more easily it can be detected (i.e., severe disabilities are likely to be detected at birth or soon thereafter). The more subtle the problem, the more difficult it is to detect and the later it is likely to be identified. Since there is great variation in normal development and behaviour during the early years, infants and young children under the age of eighteen months are difficult to screen. As a result, the number of disabilities which can be detected during the first and second years of life tend to be relatively small. Furthermore it requires a substantial financial and human investment to develop screening tests which are sensitive and based on local norms. Additional costs are incurred in the training of health workers or others to administer screening tests. For these reasons, the routine screening of all children may not be cost effective. Whatever screening is done needs to be quick and simple to administer by someone who works with the child on a daily basis, low cost, and easy to interpret. In addition, there needs to be a good hit/miss ratio (i.e., screening should correctly identify children with special needs—there should not be too many children who are falsely identified as having a problem nor too many children who are not identified when in fact they have a problem). An example of a simple screening instrument is found in Box 2.

Box 2—An Early Childhood Screening Tool

Parents and other caregivers who are part of the child's daily life can do this level of screening.

You know that the child might have a problem in these areas when the child exhibits some of the following behaviours:

Hearing *If the child*

- does not turn towards the source of new sounds or voices
- has frequent ear infections (discharge from ear, earache)
- does not respond when you call unless he can see you
- watches your lips when you speak
- talks in a very loud or soft voice
- does not talk or talks strangely

Seeing *If the child*

- is often unable to find small objects which he has dropped
- has red eyes or chronic discharge from eyes, spots on the eyes, a cloudy appearance to eyes, or frequently rubs eyes and says they hurt
- often bumps into things while moving around
- holds head in an awkward position when trying to look at something
- sometimes or always crosses one or both eyes (after six months of age)

Talking *If the child*

- does not say mama (or equivalent) by 18 months of age
- cannot name a few familiar objects/people by age 2
- cannot repeat simple songs/rhythms by age 3
- is not talking in short sentences by age 4
- is not understood by people outside the family by age 5
- is talking differently from other children of the same age

Understanding *If the child*

- does not react to own name by age 1
- cannot identify parts of face by age 3
- cannot answer simple questions by age 4
- cannot follow simple stories by age 3
- seems to have difficulty understanding things you are saying, when compared to other children of the same age

Playing *If the child*

- does not enjoy playing simple waving games by age 1
- does not play with common objects (e.g., spoon and pot) by age 2
- does not join in games with other children by age 4 (e.g., catch, hide and seek)
- does not play like other children of the same age

Moving *If the child*

- is unable to sit up unsupported by 10 months
- cannot walk without help by age 2
- cannot balance on one foot for a short time by age 4
- moves very differently from other children of the same age

Source: Early Childhood Care and Education–A Trainer's Manual, *University of the South Pacific, 1995 (pgs. 13–15)*

Assessment

Assessment generally occurs after screening, and should be an ongoing process for looking at the child in greater depth. If a screening indicates there is a potential problem, assessment should follow in a timely way. An assessment is a profile of the child's motor, cognitive, and psycho-social abilities. The assessment should be comprehensive and include a variety of measures (sometimes using standardised tools, such as an appropriate adaptation of the Denver Development Assessment). While screening can be done in a group, assessment is a much more individualised process. Assessment requires a more highly trained individual than screening, and when possible it should be done by professionals.

Although assessment is complex, it is important for the development of inclusive programmes. It is necessary in order to evaluate the child's development and to help parents and caregivers plan appropriate activities. Through assessment, children's needs are identified and strategies developed to meet those needs; the process should help demystify the child's disability for all those who are a part of the child's life.

The commitment within inclusion is to address diversity within a given setting. Therefore, it is important to begin with the assumption that it is necessary to assess each child's development. While not feasible in many Majority World settings, in fact, all children should be assessed, at least at a minimum level, in order to determine their individual needs.

As with screening, there are a variety of issues associated with assessment.

Early assessment is important. For children with Established Risks and those with some Biological Risks (e.g., low birth weight), early assessment (starting around eighteen months of age) is important, since it can lead to early intervention, which, in turn can lead to a prevention of delayed and debilitated development.

Assessment needs to be seen as a process. There should be a focus on the assessment *process* as well as the *outcome* of the assessment; it should involve the ability to observe, note, interpret and plan. The process needs to be designed to allow those doing the assessment to understand the child's behaviour in the context of their daily life.

Bruder (1997a) refers to the process as taking an "ecological inventory". This she defines as "an inventory of the sequences of skills needed by the child to participate in a variety of natural environments.... It gathers information that has relevance to enhancing the child's and family's quality of life by examining the child's strengths and competencies as he or she interacts with people and objects in his or her age-appropriate environment. This information is vital to ensuring that intervention for the child focuses on important and functional skills that are integrated across developmental domains." (4)

> Traditional assessment models that are discipline specific occur in a novel setting with contrived activities, and are conducted by a stranger, providing inadequate information when working with infants and young children with disabilities. *Bruder 1997a, 2*

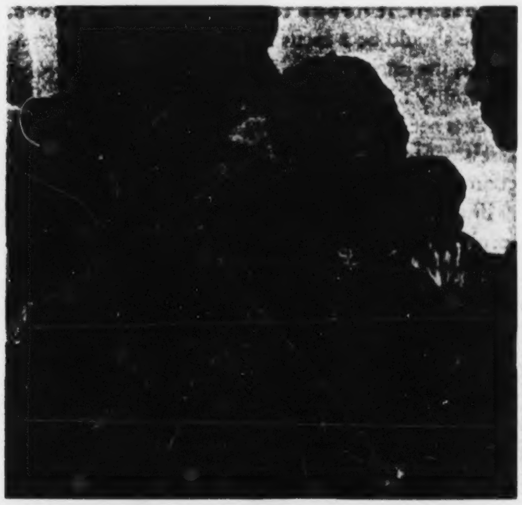
What does it mean to develop an ecological inventory? This approach includes:

Assessing the child where the child is most comfortable. Young children's behaviour is affected by unfamiliar situations. Therefore, assessments should be done in a comfortable setting, one that is known to the child if possible, and one that is used by "normal" children. To the greatest extent possible, assessments should be conducted in the child's natural environment — in the home and/or in child care, for example.

Using functional items as the basis of assessment. Assessments should be based the things that children in the culture do as a part of their daily life: by task (working with the mother/caregiver, washing hands); by activity (singing songs, playing with peers); and by routine (meal time, bed time).

Assessing the child through play techniques. If children have difficulty responding in the way they are asked to respond (e.g., using pencils to write or mark on forms, working with unfamiliar objects, interpreting pictures when they have not had experience "reading" pictures, etc.), they may not be able to demonstrate their actual abilities. A play situation allows for observation in a situation where the child is free to reveal his or her behavioural repertoire.

Seeking information from multiple sources. It is unwise to rely on one instrument, in one setting, to get a true assessment of the child's abilities and knowledge. Assessments should involve the collection of data from different sources—parents, teachers and others—using informal tools to augment any tests and checklists and to derive an adequate picture of a child's current functioning.



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Assessing the child through play techniques.

Including items to assess all the areas of a child's development, and to look at the child within the context of the family. A good assessment might address the following areas:

- *Caregiver/child interaction.* What is natural within the family?
- *The child's motivation.* What makes the child want to do something? What are the rewards for that child?
- *Problem-solving.* How does the child figure things out? How does she/he get attention?
- *Adaptations.* How does the child manage his/her disability?
- *Responses across environments and people.* How does the child react in different settings and with different people?
- *Social competence.* How does the child interact with peers?

■ Assessment must have a clear purpose and must be linked to programming.

Be clear on WHY you are doing the assessment. In inclusive programming assessment is done for the purpose of creating an appropriate programme and activities for all children.

Be aware, however, that assessment is only as useful as the ability of those doing the assessment to interpret the results and then plan appropriately; assessment done just for the sake of testing has little utility and is a waste of resources. The result of the assessment should be used to create activities for the child that include building on strengths as well as activities designed to strengthen capacity in narrowly-defined categories. Assessment should help answer the questions: How does the environment need to be changed so that the child can participate fully? What specific activities will help the child learn?

The following questions should be asked in relation to the instruments used for assessment:

- *Is the instrument linked to the curriculum being used?*
- *Is the instrument linked to a training process? The process of developing and training people in the use of an assessment instrument can be instructive in making people aware of the kinds of things they should know about children's development. The assessment process should be used as a training tool.*
- *Can the assessment instrument be used as part of a larger situation analysis within the country?*
- *Can the results be used as a part of national planning?*
- *How can assessment be better linked to appropriate activities?*

- *How can the assessment process be used to educate people about children's developmental needs?*

■ Begin and end the process with parents.

Early childhood assessment offers a unique opportunity to facilitate parent participation—in both the assessment process and in supporting the child's development. This does not mean that parents should actually do the entire assessment themselves, but they should understand the process and participate at the level where they are comfortable. Begin with what the parents know about the child: What have they observed about the child's behaviour? While parents are not always the most objective observers of their children, they are with their children in a variety of settings and spend considerable time with them. Thus they are in the best possible position to provide information on what their children are and are not able to do.

To take advantage of parental knowledge, researchers are in the process of adapting familiar screening instruments for use by parents. For example, a picture version of the Denver Developmental Screening Test was developed for use by mothers. It was found that the results of the assessment done by the mothers were more reliable than when professionals did the assessment. (Thorburn 1997)

In summary, screening and assessment processes are important for determining the needs of all children. At the present time, however, the instruments and techniques for administration and interpretation are complex, and both the process and the outcomes can be used to exclude children from services rather than being used for the purpose of creating the best possible learning environment for the child. Even though there is agreement on the value of assessment, and the principles listed above provide some initial guidance, there are a number of questions about assessment that remain. They include:

- *What kind and how much information do parents, caregivers, and teachers need to better support the child's development?*
- *Who should do the assessment? Using professionals is costly and in many places few professionals exist. Using community workers takes more time, and their training is critical.*
- *What kinds of assessment should be done, and when? If we want teachers to do assessment, what procedures can we use? There need to be tools that people with low levels of formal education can administer reliably*
- *What is the process for passing on results from one context to another?*
- *How extensive should assessments be? Do we use simple but crude assessments or more detailed assessments that require more time and training (e.g., the Portage model takes a minimum of 2 weeks).*
- *To what extent do assessment instruments measure "universal" aspects of development and what does that mean for the development of instruments that can be used cross-culturally? While some believe there are instruments that could be adapted for appropriate usage across countries (e.g., WHO has published* Play Activities for Disabled Children *which includes a checklist of children's abilities and suggested activities), resources need to be devoted to a review and analysis of instruments to help guide those who are looking for appropriate tools to use in diverse Majority World contexts.* (UNESCO 1998)

Alternative Models of Service Provision

When multiple sectors are involved in the provision of services (medical, educational, social) this can mean parents have to work with several agencies. This can be overwhelming for the parents (who also may receive seemingly contradictory messages). Given the holistic nature of children's development and children's multiple needs, it is important that any programme take these into consideration. Some models of integrated service delivery have been developed and can function in several ways:

■ Service delivery teams

This involves integrating the diverse services actually delivered to the child and family through joint planning teams and other linking devices.

In contrast to the model of multiple professionals working with the child and family, Bruder (1997b) suggests the use of *service delivery teams*, which consist of a group of people whose "purpose and function are derived from a common philosophy with shared goals." (3) These teams are trans-disciplinary. The approach "requires the team members to share roles and systematically cross discipline boundaries.... Professionals from different disciplines teach, learn and work together to accomplish a common set of intervention goals for a child and his or her family. The role differentiation between disciplines is defined by the needs of the situation, as opposed to discipline-specific characteristics." (Bruder 1997, 3)

Service integration is done for the purposes of decreasing current fragmentation of services. There are four interrelated dimensions of service integration:

- ■ *Service delivery*: integration focussed on clients, based on a holistic, comprehensive understanding of the multiple problems that children and families face.
- ■ *Programme linkages*: integration focussed on the linkage of discrete services into a multi-faceted delivery system.
- ■ *Policy management*: integration carried out by governments to increase the coherence and responsibility of the human service system.
- ■ *Organisational structure*: integration involving the reorganisation and creation of government structures.

Family resource centres

Services can be linked through a single agency that offers a place where parents can come to find out what services exist. Parents work with a service coordinator to determine what services could best meet both child and family needs.

A family resource centre generally offers "one-stop shopping". It is usually housed in a community agency and parents can drop by and receive social, health, and educational services for the child and for themselves. If this is not feasible, another alternative is to have one individual assigned to work with the family to coordinate the services offered by diverse agencies, letting families know what services they might best make use of and making the linkages for them, to be sure that families attain those services. This provides at least a central point of contact for families. The service coordinator must be able to support the family in its caretaking role and respect the principles of family-centred care. She/he must also be able to create a collaborative, problem-solving partnership with the family.

Community-based Rehabilitation (CBR)

CBR involves working with the community so that they can define their needs and develop services that lead to the inclusion of all members of the community in daily life. The CBR approach encompasses all sectors and services in the community. Emphasis is placed on partnerships and communication among the partners to provide the best possible support for persons with different abilities.

The ultimate goal of CBR is to demystify the "rehabilitation" process and give responsibility back to the individual, family, and community for the provision of appropriate services. There is a focus on the development of home- and community-based supports for children. At the community level committees are formed to identify children/families with special needs. Individuals in the committee are then trained to provide services to others, to raise awareness, to provide supports to parents, etc.

Since the CBR movement began, it has proven to be a powerful tool in mobilising communities and empowering disabled people and their families to change local attitudes and increase opportunities for all members of the community. CBR is particularly useful in rural areas where there is little access to centre-based rehabilitation services. O'Toole (1991) provides a summary of a CBR programme in Zimbabwe in Box 3.

Box 3—The Use of CBR by the ZIMCARE Trust

The Zimcare Trust, the organisation responsible for the education and training of mentally handicapped persons in the country, uses the CBR approach to reach the unreached in rural Zimbabwe. The programme was developed as a result of a recognition that the existing services were not meeting the present needs. The 15 centres operated by Zimcare Trust employed 300 staff, who were catering for only 900 handicapped persons. A national disability survey reported on in 1985 estimated there to be 27.000 mentally handicapped persons in Zimbabwe. The survey revealed the complete isolation of the great majority of these persons, to the extent that when the families were asked how many children they had, the disabled child was often excluded from the total. Infants were often ignored and given no stimulation.

With the establishment of universal primary education and publicity from the various rehabilitation programmes, there was a significant increase in the demand for services. Zimcare Trust recognized that more centres were not the solution and began an outreach programme designed to serve previously unreached persons who had very limited access to facilities and whose problems were often so severe that the existing facilities would have little to offer them. In the outreach programme, Zimcare Trust staff, rather than providing direct service to children, trained local people to work with families, who then worked with their own child.

In a one-year follow up of the Zimcare programme, parents were interviewed. The results revealed that 135 of the 136 mothers interviewed found the programme helpful. Parents appreciated understanding more about their child's problem, and they noted improvements in their child. (O'Toole 1991, 22) The evaluation also indicated that:

- a great deal of the success of the programme was linked to the fact that the co-ordinator had a good understanding of local conditions and was part of the community;
- it was important to have the involvement of local opinion makers, such as parent groups, local politicians, and ministry officials secured before the beginning of the programme; and
- it was important for the programme to establish relationships with a wide variety of organizations, as there is a danger of only certain types of problems coming to the programme's attention if the number of contacts/referral sources are limited.

Thus CBR is an approach to inclusion at the community level; it involves addressing the needs of all people, not just young children and their families. (For another example, see Guyana case study on page 28.)

Supportive Policy

While countries need to develop their own child, family, and educational polices in response to national needs and culture, and in line with international initiatives, currently there is wide diversity in the extent to which there are adequate policies in place to support the needs of young children and their families. A place to begin in terms of determining whether there are adequate policies in a country is to examine the National Plan of Action, put forward by most countries as part of the Convention on the Rights of the Child process. In addition, it is important to look at the policies within the different sectors. At present there are various ministries responsible for children with special needs. Health and social services/welfare ministries often have responsibility during the child's early years. However, since children have a right to education, the Ministry of Education should play a key role from birth onward.

There are two main sources of initiation in the development of policy. (1) There can be advocacy for the development of policy from the grassroots; frequently parent organisations are active in lobbying for appropriate policies and services. (2) The government can take the initiative. An example comes from Uganda where the President recently declared that he would make education free for four children in each family, and if there is a disabled child, that child has priority. The focus of service provision changed overnight to inclusionary programmes, since there were few special classes available and the children needed to be accommodate in regular classes. (More than 30,000 children with special needs attended these programmes in 1997.)

At the national level, general policy includes statements of intention. However, having policies in place does not ensure implementation. Implementation is a separate step. Many governments have stated that children with special needs should be included in all services, but there are no tools for making that happen. Implementation requires a definition of strategies, responsibilities, and resources beyond what policies specify. When it comes to the issue of implementation, the more complex the systems, the more time it takes to work things out in practice. The amount of funding available also puts constraints on how quickly and completely services can be offered.

Governments differ in terms of locus of control. While historically governments have been centralised in administration, currently there is considerable emphasis on decentralisation. In these instances, national government establishes guidelines and a framework for action; individual districts/regions/municipalities are then responsible for implementation of programmes in response to local needs and resources. Decentralisation alters the ways that regulations, monitoring and supervision need to be designed and implemented.

Partnerships

Historically the medical sector has taken the lead and has been the most involved in defining and addressing what should happen for children with special needs. This role has been strongest in ensuring child survival. Clearly survival is still an issue in many parts of the world. Once survival is guaranteed, however, the role of the health profession is to help reduce the number of children with special needs (i.e., avoid damage to the child). The avoidance of damage can (and should) involve people from a variety of sectors. The earlier the intervention the more likely it is that delayed and debilitated development can be avoided. Thus once the child has survived, a broader range of sectors should be involved in the promotion of the child's holistic development and in preventing impediments to healthy development.

As governments have come to understand the holistic needs of the child, more and more responsibility has been given to the social and education sectors to provide services for children with special needs. With more than one sector involved, there need to be collaboration and partnerships across the sectors to meet children's needs. No one government ministry or agency (donor, bi-lateral, United Nations or international non-governmental organisation) is able to provide the full range of services. Partnerships need to be created. Partnership can be defined as:

- the building of a relationship;
- the development of an alliance, where each of the partners is free to act and decide (i.e., not under the control of the other);
- mutual support, a process of sharing knowledge and experiences;
- of greatest value when linked to a plan or project (i.e., partnership is in place for a purpose, to do something for the child);
- the sharing of a vision of what the child can become;
- a process, which continues over time—it is not a 'one-shot' discussion or decision.

Collaboration through partnership is not easy. There are a number of factors that get in the way. These include:

- the current definition of agency functions which limits the kinds of services that can be offered;

UNICEF/95-0769/Saad Jassim Zubeidi

This young child deserves to be served through an inclusive ECCD program where his full potential can be fostered.

- *agency philosophy*: some use the medical model to address deficits and pathologies, others use the ECCD model, which focuses on building on strengths through the provision of holistic inputs and supports;
- *funding*: where this is available it is generally provided for services, but not for the time necessary to engage in the collaborative processes which are a part of inclusive planning and service delivery;
- *recognition*: people are not given credit for work on inter-agency collaboration;
- *the reduction of funding*: when services are combined, funds are withdrawn although the range of services may have increased;
- *motivation*: there are no financial or personal incentives for collaboration and service integration.

Conclusion and Recommendations

Young children with special needs should be served within inclusive early childhood programmes. The principles that lead to the development of quality inclusive programmes are essentially the same as those that guide the development and implementation of a quality early childhood programme. In both there is a focus on meeting the developmental needs of each child within a caring, supportive environment. There is a focus on the provision of holistic services that represent the integration of health, nutrition, social services, and education. Collaboration in the development of inclusive programming is fundamental and includes many partners working together at all levels—from parents and families to communities, grassroots organisations, local and national authorities, UN agencies, international and national non-governmental organisations, the donor community, and the business and private sector.

It is clear from research that the inclusion of all children in programmes during the early years will help decrease the number of children whose special needs are the result of poor nutrition and lack of stimulation and/or love and care. With children who are physically handicapped, but whose mental capacity has not been affected, inclusion is quite manageable, but may involve adaptations of the physical setting. Diverse physical supports can be built to allow the child to participate in an early childhood setting.

These can be created locally. For a good example of the range of things that can be done, see "Nothing About us Without Us: Developing Innovative Technologies for, by and with Disabled Persons" (Werner 1998), reviewed on page 24.

For children with other Established Risks, including mental retardation, more needs to be done to examine programme structures and opportunities, and to include children with these special needs as much as is possible within peer and community settings. The task is not easy, but it is possible to move forward if there is closer collaboration between the early childhood community and those whose work focuses on children with special needs.

Nonetheless, there are a few points that need to be kept in mind. *First*, it is important to recognise that ECCD itself is still a young field in terms of coverage and the distribution of services. (ECCD programmes reach only about 30% of children 3–5 years of age internationally, with nearly 100% coverage in some countries and closer to 5% in others.) Thus the task is not simply to upgrade the quality of existing programmes, but also to create more services for young children and their families.

Second, recognising the value of early intervention would suggest that services need to be developed for children with special needs at the youngest possible age. Currently, the percentage of children 0–3 years of age being provided with some form of ECCD service is much less than the percentage for pre-school age children. Thus, there is a critical need to develop appropriate services for the youngest age group.

Third, it is important to recognise the tremendous variation by country in terms of who (what sector) is responsible for providing services to children with special needs. While the education sector is critical in all settings, the Ministry of Education seldom provides services before age three, and the extent to which there are linkages between education and the other sectors (primarily health and social services) differs widely across countries.

Fourth, there are some children with severe handicaps for whom it would be extremely difficult to create a truly inclusive educational environment; it would neither benefit the child nor others in the setting. However, this does not mean the child should be segregated and isolated from all life in the community. There should be a range of settings where the child can feel included and have opportunities for social interaction—within the religious setting, at community gatherings, at sports events, etc.

Fifth, while an inclusive ECCD programme and a quality ECCD programme have many of the same characteristics, that does not mean that any good early childhood provider can necessarily operate an inclusive ECCD programme. It takes special training (and support) for a child care provider to meet the range of needs that some children exhibit.

Sixth, the reality of some settings makes it extremely difficult to actually create an inclusive environment. When there are more than 30 children in a classroom and one or more of them have special needs, the teacher/caregiver is going to have difficulty. If older children or other adults can be a part of the care provision, this helps. In Uganda, where primary education was made compulsory and free to up to four children in the family, this has meant that class size jumped from forty to between three and four hundred students. That same policy gave priority to children with special needs. One can only imagine what children learn in such a setting! This is a long way from creating a policy for inclusion and creating an environment that supports any child's learning, let alone meeting the needs of ALL children!

We end the article the way we began it, with vignettes of young children. Holdsworth (1997) tells us the story of Sonthong, Pousey, and Vilayvanh, all of whom were involved in an inclusive ECCD programme in Lao PDR which featured active learning.

Sonthong *has Down's syndrome and on admission to the kindergarten in October 1995, aged 5, he spent much of the day on the floor. He took no part in any activities and seemed to have little awareness of what was going on. He could not feed himself or go to the toilet by himself alone. By June he was fully integrated in the class and took part with his classmates in the demonstration of morning exercises for parents on 'Children's day.' This entailed a long series of quite complicated movements and the singing of the national anthem, in which he joined with enthusiasm. Of all the people there, perhaps only his mother and his teachers were really aware of what they had accomplished.*

Pousey *was three when she came to school. Brought up by her grandmother, she had spent her days indoors. With physical problems affecting her lower legs and right hand, she crawled around the classroom and was frightened of the other children. With advice from the rehabilitation centre the teachers set to work. Within weeks she was feeding herself and one year later she has just started to walk and is using both hands, if not equally. She is very bright and joins in all activities. Her future is assured.*

Vilayvanh *(nearly 4 years old) has learning problems. Frightened and isolated, he spent the first few weeks clinging to first a blanket and then a carrier-bag full of other bags. Gradually he began to take more and more part in what was going on and now seems a full member of the class. He still has his bags but is able to put them on one side for periods and can even joke about them with the teachers. This year he moves into the top kindergarten class so as to prepare him for entry into an (integrated) primary school in one year.*

As Holdsworth (1997) notes, it takes little imagination to consider what the situation for each of these children would be had they been excluded from appropriate early childhood experiences.

UNICEF/5218/Nicole Toutounji

The goal: working toward inclusion of children with special needs into the lives of their communities.

REFERENCES

Ainscow, M. 1994. *Needs in the Classroom. A Teacher Education Guide.* Paris: UNESCO.

Bruder, M. B. 1997a. Assessment of young children with disabilities. Comments prepared for International Consultation on Early Childhood Education and Special Educational Needs, 1–4 September, at UNESCO, Paris, France.

Bruder, M. B. 1997b. Inter-professional collaboration and service delivery. Comments prepared for International Consultation on Early Childhood Education and Special Educational Needs, 1–4 September, at UNESCO, Paris, France.

Dyssegaard, B. 1997. Policy and management of services: Special educational needs within the broader educational development efforts. Paper presented at the International Consultation on Early Childhood Education and Special Educational Needs, 1–4 September, at UNESCO, Paris, France.

Goodwin, W. L and L. A. Driscoll. 1980. *Handbook for Measurement and Evaluation in Early Childhood Education.* San Francisco: Jossey-Bass.

Helander, E., P. Mendis, G. Nelson and A. Goerdt. 1989. *Training Disabled Persons in the Community.* Geneva: World Health Organisation.

Holdsworth, J. 1997. International consultation on early childhood education and special educational needs. Working document prepared for International Consultation on Early Childhood Education and Special Educational Needs, 1–4 September, at UNESCO, Paris, France.

Kokkala, H., ed. 1997. *Providing Special Education for Those who Need it in Developing Countries.* Helsinki, Finland: Department of International Development Co-Operation, Ministry of Foreign Affairs of Finland.

O'Toole, B. J. 1991. Guide to community-based rehabilitation services. Guides for Special Education, no 8. Paris, France: UNESCO.

Savolainene, H. 1997. Between discrimination and inclusion: Persons with disabilities and services for them in Ethiopia today. In *Providing Special Education for Those Who Need it in Developing Countries.* H. Kokkala, ed. Helsinki, Finland: Department of International Development Co-Operation, Ministry of Foreign Affairs of Finland.

Thorburn, M. 1997. 3D projects. Presentation at UNESCO Consultation on Special Education. September 1997.

Tuunainen, K. 1997. Interaction between different special education structures: Integrated—segregated. In *Providing Special Education for Those Who Need it in Developing Countries.* H. Kokkala, ed. Helsinki, Finland: Department of International Development Co-Operation, Ministry of Foreign Affairs of Finland.

United Nations. 1994. *The Standard Rules on the Equalization of Opportunities for Persons with Disabilities.* Disabled Persons Unit, Department for Policy Coordination and Sustainable Development. New York: United Nations.

UNESCO. 1998a. UNESCO consultation on special education (ED-88/WS/45) Final report: Statement of general principles, trends, gaps and priorities. Paris, France.

UNESCO. 1988. Inclusive education on the agenda. Paper prepared for the World Bank, Human Development Week, module on 'Avoiding the Social Safety Net: Effective Options for Including Disabled Populations in Bank Funded Programs.'

UNESCO. 1998b. *Review of the Present Situation in Special Education.* Paris, France: UNESCO.

UNESCO. 1997. *Making it Happen: Examples of Good Practice in Special Needs Education and Community-based Programmes.* Paris: UNESCO.

UNESCO. 1994. World Conference on Special Needs Education: Access and Quality. Final Report. Paris, France.

UNESCO. 1997. *First Steps: Stories on Inclusion in Special Needs Education.* Paris, France.

UNESCO. 1996. Legislation pertaining to special needs education. Paris, France.

UNESCO. 1995. Review of the present situation on special needs education. Paris, France.

UNESCO. 1993. Teacher education resource pack: Special needs in the classroom. Paris, France.

United Nations. 1989. UN Convention on the Rights of the Child.

United Nations Disabled Persons Unit, Department for Policy Co-ordination. 1993. UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities.

Werner, D. 1998. *Nothing About Us Without Us: Developing Innovative Technologies for, by and with Disabled Persons.* Palo Alto, CA: HealthWrights.

Werner, D. 1987. *Disabled Village Children.* Palo Alto, CA: Hesperian Foundation.

Related Resources

Nothing About Us Without Us: Developing Innovative Technologies for, by and with Disabled Persons. *David Werner. 1998. Palo Alto, CA: HealthWrights.*

Nothing About Us Without Us explores the development of low-cost innovative aids and equipment that can be made at home or in a small community workshop. This book differs from other technology manuals of its kind. It is not a "cookbook" with precise instructions for making pre-designed devices. Rather, it is about thinking through challenges and possibilities. The emphasis is not so much on the end-product—or things—but on the people involved and the collective process of search and discovery. The goal of this book is to spark the reader's imagination—and to stimulate a spirit of adventure.

The book also considers how to achieve fuller integration of disabled people into society, and it looks at ways to help communities look at disabled persons' strengths, not their weaknesses. Examples of Child-to-Child activities show how the disabled and non-disabled child can work, play, and learn together, and how they enrich one another's lives.

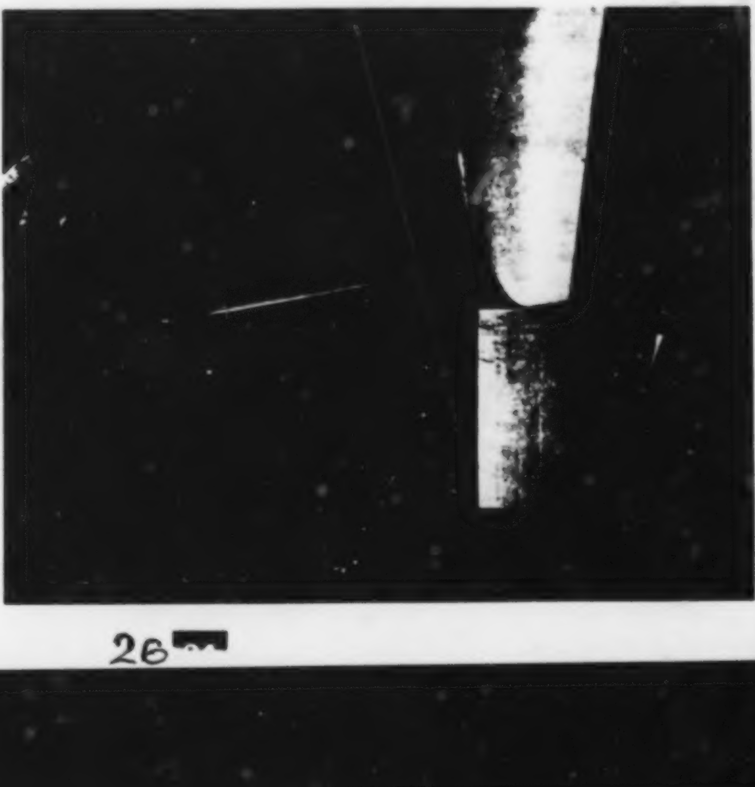
The book has been written as a companion to David Werner's earlier book, *Disabled Village Children*, now being used in Community-Based Rehabilitation programmes worldwide. It is based on years of collaborative work by David Werner and the disabled villagers who created and run PROJIMO, an innovative rehabilitation programme in rural Mexico. It also draws on experiences from many other parts of the world. Chapters in the book address such issues as: disabled persons as leaders in the problem-solving process, the purpose of seating—freedom and development, not confinement; creative solutions to personal and situational needs; freedom on wheels—designing mobility aids to meet individual needs; innovative methods and approaches—people helping and learning from each other as equals; and Child-to-Child activities that include and empower disabled children.

Over 800 line drawings and 600 photos help make the information clear for those with little formal education. The book is also available in Spanish.

The book costs US$ 15 (plus US$ 5 postage) and can be ordered from HealthWrights, P.O. Box 1344, Palo Alto, CA 94302, USA. Visa and MasterCard orders can be faxed to (650) 325-1080 or e-mailed to *HealthWrights@igc.org*

Disabled Village Children. *David Werner. 1987. Palo Alto, CA: Hesperian Foundation.*

This book includes materials concerning how to work with disabled children and their families, and it identifies ways of recognizing, helping with and preventing common disabilities. Practical suggestions are offered concerning how to work with the community in promoting the process of social integration and the rights of disabled persons. One section of the book also deals with practical suggestions concerning the preparation of rehabilitation aids with materials available in the rural environment. As Werner states in the introduction, the book was not written by experts and then 'field tested' with community workers, but evolved from community work-



ers and then was reviewed and corrected by experts. The book is a model of clear, concise, well-illustrated material concerning the most common forms of disabilities. The volume is full of excellent drawings and photographs that make it the most visually appealing book of its kind.

The book costs US$ 18 (plus US$ 5 postage) and can be ordered from HealthWrights, P.O. Box 1344, Palo Alto, CA 94302, USA. Visa and MasterCard orders can be faxed to (650) 325-1080 or e-mailed to *HealthWrights@igc.org*

UNESCO Publications

Review of the Present Situation in Special Needs Education. 1995. *UNESCO*

A helpful source of data with respect to patterns of provision for special needs education internationally is a UNESCO survey of 63 countries carried out in 1993–1994, although great care needs to be taken in interpreting the findings because of the way in which data were collected. Overall, the statements from many of the countries in the survey imply that integration of children with disabilities is a key policy idea, although only a small number of countries spelled out their guiding principles explicitly. The report suggests that there is a case for guarded optimism: since UNESCO's 1986 survey, special needs education has become much more firmly located within regular education at both the school and administrative levels. However, the pattern of provision remains extremely varied from country to country.

In 96% of countries, the national ministry of education holds sole or shared responsibility for the administration and organization of educational services for children with disabilities. Other ministries sharing responsibility are health and social welfare. State funding is the predominant source of finance, while other funding comes from voluntary bodies, nongovernmental organizations, and parents. Most countries acknowledge the importance of parents in matters relating to special educational provision, and some give them a central role in the processes of assessment and decision-making.

There is also evidence of a substantial increase in in-service training of staff related to special needs education. However, the report also warns against complacency in that many countries face fiscal and personnel constraints, so that even maintaining the existing level of investment may not be easy. Furthermore, pressures created by more general school reforms in many countries could, it is argued, reduce the priority given to provision for children with special educational needs.

Teacher Education Resource Pack. 1993. *UNESCO*

The project, "Special Needs in the Classroom" was initiated by UNESCO in 1988. Its aim was to develop a resource pack of ideas and materials that could be used by teachers and teacher educators in different parts of the world in order to help ordinary schools to respond positively to pupil diversity. It is expected that the materials can be used in many different ways to make them suitable for different contexts. Consequently, the emphasis is on flexibility. Users are encouraged to use the materials in whatever ways seem sensible.

While the materials were developed principally for use by primary school teachers, many of the ideas can be adapted for use with younger children.

Users of the pack should know that there is a "Special Needs in the Classroom: Teacher Education Guide" which goes with the Manual. There are also three videos, Information Video, Training Video, and Inclusive School which complement the pack.

UNESCO Special Education Series

The Education of Children and Young People who are Mentally Handicapped

Working Together: Guidelines for Partnership between Professionals and Parents of Children and Young People with Disabilities

Testing and Teaching Handicapped Children in Developing Countries

Education of Deaf Children and Young People

Language and Communication for the Young Disabled Person

Education of Visually Impaired Pupils in Ordinary School

Children with Severe Cerebral Palsy—an educational guide

Guide to Community-Based Rehabilitation Services, Brian John O'Toole, 1991

World Bank

Provision for Children with Special Educational Needs in the Asia Region. *James Lynch, 1994, World Bank*

Disabled children are at the centre of a movement to improve primary education in Asia, aiming for full school enrollment by the year 2000. The World Bank report *Provision for Children with Special Educational Needs in the Asia Region*, based on case studies from 15 countries[1], suggests that the development of inclusive primary education is the best option for achieving education for all in the region—if not the only alternative: school enrollment rates are still lower than 70 per cent in some countries and most disabled children receive no schooling at all. An estimated 130 million 'forgotten' children in developing countries—the majority girls—are without any kind of basic or primary education.

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[1] Bangladesh, Brunei, China, Hong Kong, India, Indonesia, Japan, Korea, Malaysia, Nepal, Pakistan, Philippines, Singapore, Sri Lanka and Thailand.

With sobering clarity, this report suggests that universal primary education cannot be achieved in developing countries without the inclusion of children with special educational needs in mainstream systems, and that children with special needs can be successfully and much less expensively accommodated in integrated rather than fully segregated settings. Educational benefits for all children may also be associated with quality improvements which are inherent in providing inclusive primary education, through major changes in the way schooling is planned, implemented and evaluated. The World Bank report adds:

> If segregated special education is to be provided for all children with special educational needs, the cost will be enormous and prohibitive for all developing countries. If integrated in-class provision with a support teacher system is envisaged for the vast majority of children with special educational needs, then the additional costs can be marginal, if not negligible.

Children with special needs are defined in the report as children with situational disadvantages due to malnutrition, child labour, and other factors associated with poverty, those with physical, mental, or emotional impairments, and those who experience difficulties in learning at any time during their schooling. In order to respond to the needs of these children,

Schools need to be provided with the full range of human resources necessary to deliver a full curriculum for all children, through a combination of class-teacher, specialist, semi-specialist, resource teacher, consultancy and ancillary staff, as necessary. That need not mean more staff overall than at present. It is rather a question of improved and more differentiated quality than greater quantity.

- *There are personal, social, and economic dividends to educating primary aged children with special educational needs in mainstream schools, wherever possible.*
- *Most children with special educational needs can be successfully and less expensively accommodated in integrated than in fully segregated settings.*
- *The vast majority of children with special educational needs can be cost-effectively accommodated in regular primary schools.*
- *Changes towards more inclusive primary education may already be perceived in policy and practice in many countries at all levels of economic development in the Asia region.*
- *The costs of continuing family, community, and social dependence are far greater than the investments necessary to educate such children.*
- *A combined health, nutrition, and educational strategy is desirable if all children are to benefit from primary education.*

World Health Organisation

Training Disabled Persons in the Community.
E. Helander, P. Mendis, G. Nelson and A. Goerdt. 1989
World Health Organisation

The WHO Manual on Community Based Rehabilitation addresses the major areas of disability, the training of local supervisors, the involvement of the community, and offers advice for school teachers.

MOVING TOWARD INCLUSION

Experiences in Inclusive ECCD from Guyana, Lao PDR, and Portugal

UNICEF/HQ96-0246/Nicole Toutounji

This set of case studies illustrates some diverse ways in which inclusive programmes have been developed: arising from efforts to strengthen community supports for people with special needs; arising from efforts to reform schooling for children with special needs (and with that, seeing the need to improve the links between ECCD programmes and the early primary years); and arising from a growing social awareness about how migrant populations have been marginalised and thus become identified as people with special needs.

The case study from Guyana, describing the use of the Community Based Rehabilitation approach, illustrates a desire to develop support for those with special needs as part of a larger effort to strengthen the inclusion of all young children in the community. The Lao PDR case study illustrates the advantages of creating an inclusive programme as part of a larger school reform effort. Changes were being made in the primary school system—in terms of curriculum reform, teaching methods, expectations in terms of children's participation in the process, etc., all of which were very much in line with the philosophy and approach advocated in inclusive programming. Since it was part of a larger school reform, inclusive education in Lao PDR did not have to be "sold" on its own merits. The example provided from Portugal, shows us how an effort to include children with special needs into an existing nursery school raised awareness about the plight of marginalised people in the region, and spurred educators to get involved in a larger social inclusion/consciousness raising movement. They worked from a broad definition of special needs, which included not only children with disabilities and mental challenges, but also children and adults from migrant populations and ethnic minority groups who were at risk because of their marginalised social status.

What is missing from among the cases is an example of a truly inclusive programme for the youngest age group—children from birth to 3 years of age—and, with the exception of the Lao PDR case, a truly inclusive approach which begins with an assessment of the system rather than finding ways to integrate children in the current system.

Why don't we have cases which better illustrate what inclusion is all about? The primary reason is that the concept is relatively new, so there has been little experience in inclusive programming. This is illustrated by the fact that within these cases, the authors refer to the "integration" of children with special needs rather than to "inclusion". This is more than a semantic difference—even those who are seen to be at the forefront in terms of their work with children with special needs have not, for the most part, fully incorporated the concept of inclusion into their own thinking about programming (even when their actions reflect the basic principles of inclusive education). Taking a systems approach, rather than beginning from the needs of an individual child, requires a re-framing of our understanding of what children need and how that can be provided. And new programming strategies have to be developed.

GUYANA

Hopeful Steps in the Rupununi: One Response to Meeting the Challenge of Special Needs in the Interior of Guyana

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CBR Program Director[1]

MS. SHOMA STOUT
UCB-UCSF Joint Medical Programme[2]

This case study describes the use of the Community Based Rehabilitation Approach to develop community support for those with special needs. The description of the Hopeful Steps project developed in Guyana provides an overview of the process of working with a community, starting from the identification of a need, working then to include all members of the community in the life of that community, followed by the development of community-based strategies to ensure the ongoing inclusion of all. While the project began with a focus on early stimulation, this focus soon expanded to one on life-long learning. Thus it offers an example of inclusive community development rather than simply focusing on inclusive ECCD.

Background Information

The Rupununi region of Guyana covers an area of 33,000 square miles in the southwestern part of Guyana. The population of the region is approximately 17,000 people, who are concentrated in 42 Amerindian villages and settlements spread throughout riverain, savannah and forested areas of the Rupununi. Eighty percent of the population of Rupununi is classified as indigenous or Amerindian. Nearly everyone has a fair mastery of the English language due to significant missionary presence in the region since the early 1900s. Unfortunately, this exposure has also led to a great deal of cultural erosion. Much of the population can no longer read or write the traditional languages, the old songs, dances, and arts are in danger of being forgotten.

The Rupununi Region is underdeveloped in structural, capital, and human resources. The transportation infrastructure in the Rupununi is scarce and haphazard. In emergencies, patients must travel to the nearest health center by foot, bicycle, or bullock cart, a trip which might take an average of 8-10 hours to complete.

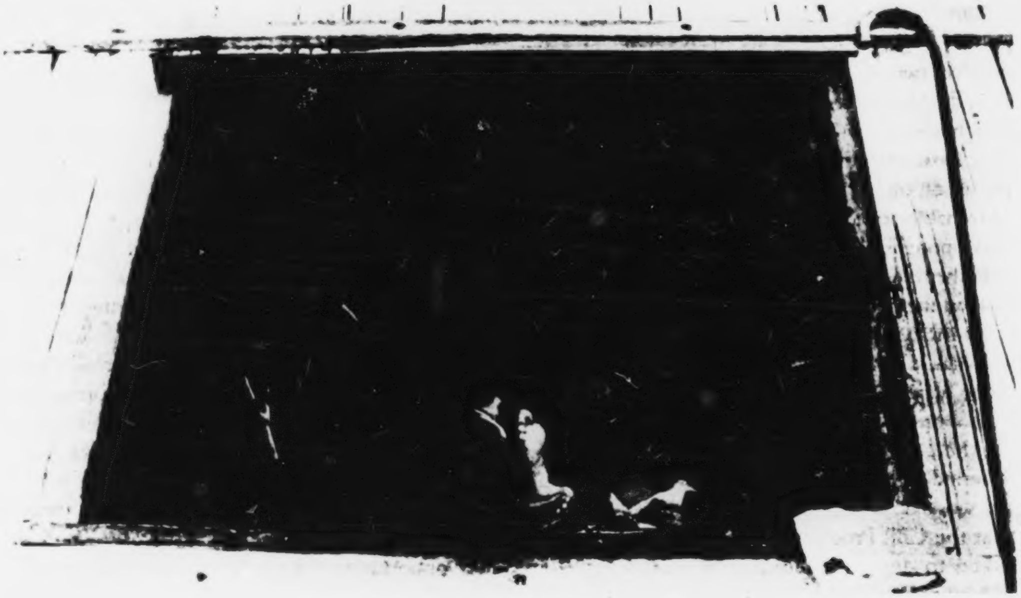
The Rupununi Region is the second poorest region in Guyana and has been growing increasingly impoverished over time. The main industries in the region are farming and cattle ranching. Half of the land is covered by rainforest; the rest is savannah. Because the economy is subsistence agriculture rather than industrial, cash is limited. The problem is heightened by the lack of a transportation infrastructure. This increases the costs of basic goods. Unfortunately, the presence of a flourishing economy in neighboring Brazil has led to a large degree of out-migration, further depleting the economic and human resources of the region.

The Rupununi Region's health system also suffers as a result of the underdevelopment of the transportation and communication systems. The crude mortality rate is reported at 2.94% and infant mortality at 35/1000 live births (Geula 1994,14–16). The Rupununi has the highest incidence of low birth weight births in the country, with 41.8% of infants born below 2500 grams. The predominant health problems of the region are malaria, diarrheal disease, acute respiratory infection, and accidents (Ministry of Health 1994, 24). The overall immunization status hovers around 25% for children under 5.

The challenge of people with special needs had largely been ignored within the health sector until recently. In the past, in most villages, people with disabilities were hidden away or shunned because the indigenous folklore attributed disability to possession by evil spirits. There was a general consensus that disability was not an important issue in the region. However, through a participatory survey carried out by the Guyana Community Based Rehabilitation (CBR) Program in 1994, it became clear that there were disabled people in the Rupununi who, having been hidden away all their lives, had needs which transcended their physical or mental disability.

Programme Design and Implementation

Traditional rehabilitation efforts are criticized for being accessible to only the privileged few in urban areas, for being too capital and technology-intensive, too specialized, too isolating from normal life, and too Western in origin, practice, and



UNICEF/1619

prejudice. In contrast, the Guyana CBR Program Hopeful Steps envisions development as an organic, empowering process for the community. It recognizes the need to address the problems of people with disabilities within the wider context of poverty, malnutrition, ignorance, prejudice, superstition, conflict and war, since all of these interrelated factors affect the quality of life of a person with disability.

The goal of CBR is to demystify the rehabilitation process and give responsibility back to the individual, family, and community. The basic premise of CBR is that the greatest resource that developing countries have for helping disabled persons lead fulfilled and productive lives is a well-informed and well-supported family. The goal of Hopeful Steps is for rehabilitation to be perceived as part of community development, whereby the community seeks to improve itself. In such a process, rehabilitation becomes one element of a broader community integration effort. The programme focuses on empowering communities and community members to care for their people with disabilities and to value them as a resource, while at the same time encouraging them to discover or reveal their strengths and special talents to their communities.

Hopeful Steps places considerable importance on developing a process that affirms local culture and puts control of development into the hands of the community. Rehabilitation is addressed in the context of wider community issues, through integration with the existing infrastructure, and through education of parents and community members.

Hopeful Steps has formulated a simplified model of rehabilitation that has the potential to deliver services to rural areas of Guyana, where the vast majority of the country's disabled people live. This is done through training people from the community to design individual, simplified rehabilitation programs for people with disabilities and to train parents or family members to administer these programs.

The Beginnings

The CBR Program began considering an expansion to the Rupununi Region of Guyana in early 1992 even though there were concerns about the applicability of a more specialized program in an area where basic subsistence needs governed people's lives. The Program Director made six one-week visits to about 20 of the 42 villages to get a sense of community needs. The response of the villagers to these visits was warm and enthusiastic; the Rupununi Region had been isolated for so long that very few groups visited it and those who did rarely bothered to travel outside the one or two main administrative centers.

During these visits the people of the Rupununi identified health, transportation, and education as their most important needs. Out of this discussion, the early physical and mental stimulation of children emerged as an area within the scope of the CBR Program that would be of considerable interest.

Initially, given the logistical difficulties of operating in the region, the CBR Program decided to conduct two week-long workshops in association with the Ministry of Health. Geared to community health workers, the workshops were meant to provide basic information about early stimulation, identification of children with disabilities, and simple rehabilitation methods in order to raise awareness among health workers of these issues and provide them with the educational tools necessary to expand their capacity in this area. The first workshop included toy-making and puppet-making seminars, a cultural show, a viewing of the training video filmed earlier in the region, and the adaptation of early stimulation education tools developed on the coast to make them more relevant to Amerindian people. The participants responded to the workshop with such enthusiasm and interest that the CBR Program met with its funders and asked to develop a long-term vision for the Rupununi Region, beginning with four more subdistrict-level workshops on early stimulation.

In approaching the second phase of the project, the CBR Program moved to recruit community volunteers. A team of three, the community health worker, a teacher, and a village leader, from each of 36 villages, were invited to the workshop in their subdistrict. Each of the participants was automatically enrolled in a three-year training program in CBR through the University of Guyana. Many persons made great sacrifices to attend the workshops. On three occasions, for example, teams traveled by foot and canoe for 13 days and nights to reach the meeting.

The formation of CBR teams in each village had a number of valuable functions. First, it formalized partnerships between the existing education and health sectors within the village. The inclusion of a villager allowed more general issues concerning the village to be heard and often made the leadership of the village more aware of the program. As a result, these three people began to serve as representatives of the program at the village level, thereby increasing public awareness of the program.

Moreover, the CBR team members began to develop a sense of ownership and identity with the program. Finally, the selection of a team of people rather than relying on one individual from each village both eased the burden of work on the volunteers and made the team a part of the accepted, regular system of village committees, thereby integrating it into the existing administrative infrastructure of the village. Many CBR teams were given time during monthly village meetings to report to the public and raise awareness of the program. As a result of all of these factors, the CBR Program achieved name recognition, identification, and acceptance by the mass of villagers very quickly.

At first, the CBR teams were given specific tasks to do, and the emphasis remained on early stimulation. The first series of subdistrict workshops focused on different ways to stimulate children through play. It also showed how one could make stimulating toys out of locally-available and inexpensive materials. This component subtly affirmed the value of Amerindian resources and culture.

A second series of workshops was held in each of the subdistricts which focused on normal and delayed child development. To raise awareness of the needs of disabled people in the area, each workshop addressed the applicability of the material for children with disabilities. During the second series of workshops, participants were also given the opportunity to have their village participate in an art competition on disability. Hundreds of children submitted entries.

The last workshop in the second series proved to be an historic one: at their own behest, one of the CBR teams brought seven people with disabilities to the conference, and the entire workshop began exploring what could be done to help these people. This open acknowledgment of people with disabilities within the Rupununi, and the way in which the CBR teams seemed prepared and even excited about dealing with the issue now gave the CBR Program the confidence it needed to address similar issues in other subregions more directly.

This shift in direction was confirmed as acceptable by the CBR teams during a region-wide conference. During this conference, the participants assessed their accomplishments and made new plans for the future; these plans reflected an increasing emphasis on addressing the needs of people with disabilities.

The third CBR workshop series reflected this new focus on disability. The workshops dealt with screening, early identification of disabilities, integration of children with disabilities within the regular school, toy making, and simple physiotherapy. A video series, called A New Tomorrow, highlighting disability needs specific to the Rupununi Region and filmed in the Rupununi itself, was produced and shown. A storybook containing stories about people with disabilities was written and translated into the two major indigenous languages.

Over the next few months, CBR teams systematically explored the region for people with disabilities. The process of carrying out this survey brought the CBR teams in the villages face to face with the magnitude of the problem within their own communities. Many began to formulate specific plans to address the needs of the disabled. As a result of this more intense focus on disability, about 20 school-age children who had previously been kept at home started attending school.

The CBR teams began to work actively to promote the integration of people with disabilities into every aspect of village life. At health clinics, health workers began encouraging mothers to bring their children with disabilities to the clinic. A number of CBR teams acted at the village education level. One CBR team made sure that every disabled person in their community was always brought to village events and meetings.

These acts of integration, which broke down age-old barriers, affected the attitudes of villagers in the Rupununi about disabled people: 60% of respondents in Stout's 1966 research sample identified changing attitudes toward and help for disabled people as a major impact of the CBR Program, 35% felt that disabled people were better adapted and less shy, and 27% identified the integration of disabled people into village life as the main strength of the program.

The formulation of village-level plans to integrate disabled people into the villages had another unexpected effect, however. Until then, the CBR teams seemed to have responded largely to program-level suggestions; the act of initiating their own plans to respond to the needs they had documented within their own communities helped the CBR teams to begin to own the process and to identify themselves as CBR agents rather than as CBR recipients.

The CBR Program however did not abandon its commitment to address broader development priorities in the region as it took advantage of the newfound focus on disability. During the same period of time that the third series of workshops were being held, three other major areas of focus developed in response to needs expressed by villagers or needs perceived by the program: health education, literacy, and cultural affirmation.

Health Education

The focus on health education developed as a collaboration with the Bahai Community Health Partnership (BCHP). A 50-minute video called Facts for Life depicting the key health messages in the UNICEF document by the same name, was filmed using scenes from the Rupununi. Over the next months, CBR regional coordinators traveled throughout the region using portable video equipment to hold video shows in each of the villages to convey these health messages to the community. The key messages in the Facts for Life series were also summarized in a simple, illustrated pamphlet package and distributed to every home in the Rupununi through village visits made by the BCHP.

A series of Facts for Life festivals were held in every subdistrict, as well as at the regional level. Hundreds of poems, songs, skits, stories, and drawings were submitted to the competition. UNICEF funded the publication of a book which featured the winning entries. The combination of video, teaching manual, and art competition proved to be extremely effective in both communicating health messages to the general public and in empowering health workers to teach these messages themselves.

Literacy Training

This aspect of the program arose out of the recognition that general education and literacy were major areas of need. Part of the need was identified as a lack of books to read and part as a lack of knowledge about how to teach children to read through an approach other than the rote repetition method. The CBR Program decided to devote part of the third series of workshops to the promotion of literacy and developed a Steps to Reading package consisting of a 15-book series that included workbooks, teacher manuals, and story books designed to take the teacher step by step through the process of promoting literacy.

Cultural Affirmation

Cultural affirmation came about through the use of locally-available materials, particularly those reflecting cultural craft forms, that was encouraged in the early stimulation program. Cultural shows and art competitions were used to encourage people to translate program themes into their own culture and environment. A book of stories around CBR themes was written and translated into Macushi and Wapishana, and a tape was produced containing nearly extinct indigenous songs and stories. Several videos were filmed in the Rupununi using people there as both consultants and active participants. All of these steps showed respect for the culture of the Rupununi people and helped to make the program and process culturally relevant. For the people in this region, who for the last 100 years have been beaten for speaking their traditional language in school, and who are seeing their culture and way of life rapidly die out with the new 'modern' generation, this work represents a reaffirmation of the integrity and value of their culture.

Challenges

Two major challenges emerged in this project because of its location in an isolated part of the country: First, the development of human resources and second, the development of an appropriate infrastructure through which to work.

Identification and Training of Human Resources

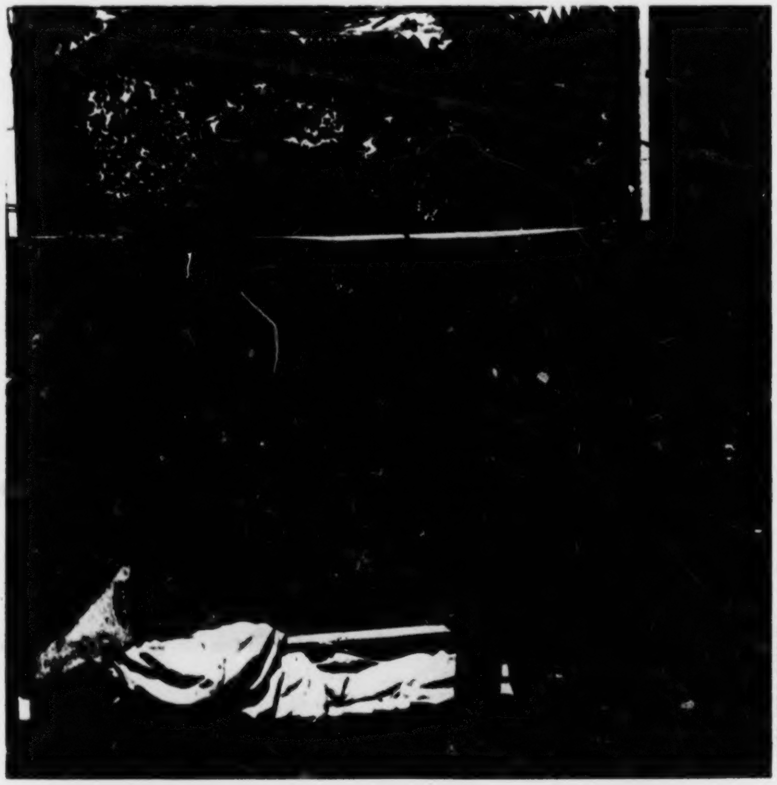
Human resource development took place in two forms: the training of people to carry out the program's goals and objectives and the training of people to take over the process of development. Both of these took place at two different levels: at the grassroots community level and at a higher leadership level.

Community level

Human resource development at the grass roots level took place within four different contexts: workshops held by the CBR Program for CBR team members, workshops held by CBR team members for their villages, program-initiated projects carried out at the village level, and projects initiated by CBR teams to be carried out within their own communities. Within these workshops CBR team members learned the knowledge and skills necessary to carry out the program's immediate objectives. For example, for early stimulation, they learned how to make toys; for literacy, they learned how to teach phonics; for health education, they learned the key Facts for Life messages.

In 1995, the CBR Program developed a new focus: instead of simply teaching CBR workers about various topics during workshops and asking them to apply them in their villages, they trained each CBR team in the skills and materials necessary to transmit that information in a large-scale way at the village level. Every CBR team was asked to organize and lead a workshop in their village about early stimulation after they had themselves had a refresher workshop on the topic. The process of organizing a workshop was one which taught the participants fundamental organization/management skills necessary to continue the CBR Program in its current form. It also taught the team members how to teach others, so that they were not mere vessels of knowledge but active participants in the education process.

Program-initiated CBR projects that were implemented at the village level also taught CBR team members essential skills and knowledge necessary to run the program at the grass roots



UNICEF/HQ96-0560/Giacomo Pirozzi

level. These efforts improved program sustainability by both increasing identification with the program and increasing the community base of skills necessary to run the program.

The CBR teams have also had an opportunity to apply what they have learned about sustainability at a practical level through the process of identifying community needs (independent of those suggested by the CBR Program), designing projects, and then carrying them out. The projects which were identified and the ways which people carried them out were myriad and speak to the extent to which people were empowered by this process. They included the formation of nursery schools for children and their mothers, the upgrading or construction of health posts, the improvement of water and sanitation, the formation of a sewing cooperative to sew mosquito nets, and many other projects that required CBR team members to consult and gain the participation of both fellow villagers and funding agencies in the region. In several cases, the CBR Program directly supported this process by helping CBR teams to locate materials or funding; in the vast majority of cases, the team members learned how to seek this funding and support themselves. This base of human resources involved in the process of development matured even further as subdistrict and regional committees formed to carry out larger projects.

Leadership level

Human resource development at the leadership level also took place through a Training of Trainers course developed by the CBR Program to create a cadre of workers who could introduce the program to neighboring regions of Guyana and serve as resource persons within their own region. This training took the form of a one-week workshop in Georgetown, Guyana. The workshop taught the diverse skills necessary to teach and to continue the education outcomes of the program, including literacy education, health education, and of course, disability identification, awareness, and management. Once they completed the workshop, these new trainers were immediately brought into the process of co-organizing and co-leading workshops in their subdistrict along with the regional and national coordinators. This provided trainers with ongoing 'on-the-job' training to practice their newly-learned skills and to develop new ones necessary to take over coordination of the program.

In summary, the CBR Program has been able to develop human resources to support both program and process sustainability. By combining educational workshops with practical projects it has helped activists to apply, develop, and gain confidence in their new skills. A group of resource people capable of supporting and training others has been identified, trained, and put into action. As the CBR program evolved and people became more and more confident, the program was able to support participants in developing and carrying out their own projects. This empowered people to learn the skills necessary to address needs actively within their local contexts.

Development of an Appropriate Infrastructure

The development of a human infrastructure constituted a critical component of the CBR Program. In the beginning there was simply a national director and the village-level CBR teams, which were composed of a community health worker, teacher and villager.

Initially village visits were made in collaboration with the Bahai Community Health Partnership, which already provided a mobile health service throughout the region. With the purchase of a Land Rover, the formation of what essentially became a mobile resource unit added another element to the CBR infrastructure by making the program and its resources far more accessible to the people.

As the program grew in its scope and participants gained more and more power to define their own development agenda, a parallel system of planning, organization, and administration developed that focused on initiatives arising from the grassroots level. This system, which had its early roots in the village CBR teams, achieved its fruition in October of 1995, a date which symbolically marked the simultaneous graduation of CBR team members from the training program and the concomitant election of subdistrict and regional-level CBR committees, each fully functioning to carry out its own projects independent of the support of program staff.

In essence, the development of this parallel infrastructure reflects a critical transfer of responsibility for the development process in the Rupununi, from outsiders into the hands of the community.

This transfer of responsibility is more than a theoretical structural form, it is a functional reality. Between October 1995 and March 1996, for instance, the regional CBR committee oversaw the construction, staffing, and supplying of a school in an extremely isolated village that did not have any way of providing education for its children. Now, sixty-six children are attending school for the first time in their lives. The most important aspect of this achievement lay in the fact that the CBR Regional Committee was able to do this completely on its own. Community members know how to identify a need, make plans to meet the need, and carry out the plans in an effective way.

The program staff works in partnership with the resource people trained through the Training of Trainers model to continue holding workshops in literacy, early stimulation, etc. It is expected that these resource people will eventually be able to sustain the specific program within the region with their skills and experience in organizing and leading subdistrict and regional workshops. They will be assisted in this process by the CBR teams, who have also been gaining both the specific knowledge relevant to the various program initiatives and the practical knowledge necessary to transfer what they know to their people through the carrying out of village workshops.

Several aspects of the CBR Program infrastructure deserve special mention. First, this infrastructure does not duplicate existing governmental or non-governmental agencies. Second, it uses and brings into partnership existing elements of the government infrastructure which would be interested in a project such as the CBR Program—namely, the education and health sectors. Third, this infrastructure exists in close partnership with both governmental and non-governmental infrastructures. All CBR workshops in the Rupununi are carried out in partnership with the Ministries of Health and Education. These agencies periodically review the program's plans, excuse teachers and health workers from their posts to participate in workshops, and sometimes co-sponsor workshops with the two programs. Other NGOs also collaborate with the program for transportation, planning, and implementation of programs.

Because CBR participants are drawn from the existing health and education infrastructure and because regional and national authorities were consulted during the planning process, CBR has become integrated into existing village, regional, and national systems of organization. The CBR team in each village is part of the village system of committees. At monthly meetings of head teachers throughout the region, CBR work is discussed as a standard part of the agenda. Reports of ongoing CBR work are included in subdistrict and regional reports in health and education. It is even included in the national plans of the health and education sectors. The new health plan for Guyana names CBR as the centerpiece of rehabilitation care in Guyana:

> *A program objective will be to increase access to rehabilitative care by introducing Community Based Rehabilitation as the main strategy for delivering rehabilitative services at the primary care level (Ministry of Health 1994, 120).*

This inclusion of CBR in the health and education systems adds greatly to the acceptance and sustainability of the CBR Program at the political level.

Keys to Success

The following points have been identified as the foundation of the project.

The Importance of a Profound Faith in and Respect for the People of the Region

A significant element of the Rupununi programme has been on developing human resources from within the region. A major goal of the project was to help the indigenous people of the Rupununi to bring about change in their own condition and, in the process to take more responsibility for their own affairs. The goal has been to reinforce and nurture, rather than supplant, the authority of the teachers, health workers, and community leaders of the region. Education and training are at the core of the project rather than the provision of services by some external agent from the coast. This focus has been reflected in the relative amounts of time invested by the resource persons in training on their visits to the region. As a result, the CBR workers feel a sense of satisfaction in the knowledge that they are integral in introducing an extensive health and education program to their own people.

The Promotion of Sustainability through the Avoidance of Dependency

In each village a Local Health Board (LHB) has now been elected and thereby provides a means through which to involve the community in all phases of the project. The goal of sustainability is the touchstone of all development interventions. Only time will tell whether indeed this project can be sustained beyond the inputs of external interventions. However the emergence of the CBR teams and the LHBs, and the high emphasis given to the training of these groups in the skills of consultation, leadership, problem solving and decision making has established a promising base for long-term development.

Some features of the project which have promoted sustainability include:

- the clear match between regional needs and programme objectives;

- the use of the existing health and education infrastructures rather than creating new cadres of workers;
- basing the management of the programme in the region;
- the focus on involving and empowering communities.

The Respect of the Local Culture

The project was guided by a respect for the culture of the region and the recognition that for development to be effective, it needs to proceed in harmony with the local culture. Considerable time was expended at the outset of the project to meet people throughout the region to learn about the needs of the area. One of the major activities of the first year of the project was to produce a set of training materials on child development and early stimulation, in consultation with the teachers and health workers, which reflected the practices of the region. These materials illustrate a profound respect for the local communities.

A diverse series of materials has been produced as part of the 'Hopeful Steps' programme. These include recordings of music and oral traditions, story books in local languages, festivals of local poetry and song, all of which mirror the rich cultural heritage of the people of the region.

The Value of Consultation

The programme facilitated the coming together of people from diverse backgrounds and perspectives to a common forum to discuss their needs and concerns. They were given access to the decision-making process at every level of the intervention. Consultation and participation with the community was sought at every level of the decision making process. A key element in this process was for the facilitators to be able to listen carefully and then act on what was heard. There was no script in hand at the outset of the project. The actions of the project emerged out of the dynamic consultative process. In adopting this process we were fortunate that our funders realised that such a process takes time and cannot be hurried. The programme that was subsequently developed was therefore characterised by flexibility and responsiveness to suggestions from within the region.

Replicability

Can the model of development outlined here be duplicated elsewhere under similar conditions? The answer is yes, when the following are present:

- the promoters of the innovation believe in the potential of the people they are serving;
- the innovators have the ability to guide individuals to take charge of their own affairs, who for so long have traditionally been followers;
- active participation is achieved at all phases of the development process;
- a forum and a process are created in which the evolving needs of people can be discussed;
- people are willing to share their perception of their needs with the programme;
- the community has a desire to change;
- the programme developers are willing to and capable of listening to people who may not be considered articulate;
- the programme developers are able to respond according to the needs expressed by the community, rather than to any preconceived agenda;
- the innovators are experienced in the art of consultation;
- funders allow the implementers sufficient time to facilitate the consultative process;
- partnerships are effectively established between all the key players and the major government agencies.

Conclusion

The Hopeful Steps programme has attempted to develop a management style that allows the lofty concepts of community participation and empowerment to be nurtured. There was no predetermined script for the project; many of the most creative features of the programme emerged over the course of time. This process has resulted in the Hopeful Steps programme where a modest beginning in the area of early stimulation has now emerged into a wider integrated development programme involving many persons.

REFERENCES

Guela, N. 1994. Baseline Health Data of the Rupununi District in Guyana. University of Berkeley.

Ministry of Health. 1994. Health Statistics on Guyana. Ministry of Health, Guyana.

Stout, S. 1966. Sustainability of CBR and BCHP Programmes in Guyana. University of Berkeley.

ENDNOTES

[1] Brian O'Toole, an educational psychologist from England, has been working in Guyana for the past 18 years. For the past 10 years he has been the Director of the Guyana CBR Program.

[2] Shoma Stout is pursuing medical studies at the University of California at Berkeley. At the same time she is completing a Masters Program in Development Studies.

LAOS

Experiences of the Lao People's Democratic Republic in Provision for Children with Disabilities

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> *Don't use mature wood if you want to bend it; don't pick old mushrooms if you want to eat them.*—LAO PROVERB

In 1992, in a co-operative venture with the Lao Ministry of Education (MoE), the National Centre for Medical Rehabilitation in the capital city of Vientiane opened a small school for children with sensory impairments. In all, 27 deaf children and 10 blind children enrolled. The centre was staffed by retrained physiotherapists. This was the first ever special education available in the country. One year later, Sapanthong Primary School in Vientiane became the first Lao primary school to be able to cater to the needs of children with disabilities. In 1995 six more primary schools and four kindergartens were included, and in September 1996 a further six kindergartens and seven primary schools opened their doors, bringing the total to twenty-five. This pilot project unites three distinct but related concepts: school improvement, education for all, and early intervention.

Background

Laos is a small and very beautiful country in southeast Asia. Except for the plain bordering the southern reaches of the Mekong River, it is largely mountainous and forested. It shares borders with China, Vietnam, Cambodia, Thailand and Myanmar. It has one of the lowest population densities in Asia (nineteen per square kilometre) with a total population estimated at 4.5 million in 1993. This population is scattered and ethnically diverse with between thirty-eight and sixty-eight different ethnic groups (depending on the definition used), many of which speak languages other than the national Lao language. These are generally linked into three broad groups, the majority (55%) Lao Loum (lowland people), the Lao Theung (27%) (midland people), and the Lao Soung (18%) (highland people).

Laos has rich natural resources in its many rivers, which are largely undeveloped, although electricity is being produced. Forest is lost annually through the harvesting of hardwood and through slash and burn farming methods.

Indicators show that Laos remains the poorest country in the region, with 85% of the population relying on subsistence agriculture, supplemented by hunting, fishing and food gathering in the forests. (Asian Development Bank 1993) In the last ten years some manufacturing and light industry have developed, but only in the lowland areas where infrastructure is available.

Prior to the 1975 revolution, Laos had experienced fifty years of colonialisation and thirty years of uninterrupted civil war, culminating in devastation from American bombing during 1965-75. The new Lao People's Democratic Republic was faced with formidable tasks: 800,000 displaced people, little infrastructure, insignificant financial resources, a serious lack of skilled personnel (as many of the educated elite had fled), a post-war withdrawal of American aid, and a trade embargo from its most easily reached neighbour, Thailand. (UNICEF 1992)

In the last twenty years remarkable progress has been made, particularly since 1986, with the adoption of the New Economic Mechanism and the related Public Investment Programme, with their emphasis on the need for skilled personnel to fuel economic and social development.

The Education System

In 1975 fewer than 30% of Lao children had access to primary education. By 1990 this number had risen dramatically with the enrolment of 85% of urban children, 72% of children in non-mountainous rural areas, and 38% of children in the remoter mountainous areas. (Lao PDR MoE 1990) Geography, ethnicity, and gender continue to affect enrolment rates, with Lao Soung girls in the mountains least likely to be in school.

It is acknowledged, however, that this expansion in access has not been matched by increasing quality. Schools are often rudimentary and may lack materials, teaching aids, and books. Many teachers lack any training and may even have had only primary education themselves. With very low pay, most teachers have to supplement their income by working second jobs or growing food. Teaching methods have relied on rote learning and were based on a curriculum which was outmoded and related little to the lives of children. The repeat and dropout rates were consequently very high. In 1990 it took an average of 13 years for children to complete primary school and fewer than half of enrolled children achieved this (Lao PDR MoE 1990).

Currently, thought is being given to the needs of small multi-grade schools in isolated villages, the particular situation of girls, and the problem of providing suitable education in the complex cultural and linguistic environment that exists.

UNICEF/NY/Un-numbered

Education for All

It is not surprising that a country that has made such an effort to improve access to primary school should be strongly committed to the concept of "education for all". The Lao government is a signatory to the Salamanca Declaration (1994) and the Convention on Rights of the Child (1991) with their commitments to education. Recently Laos adopted a decree on compulsory education (1996) and a plan of action to achieve this over the coming period. This commitment includes disabled children.

> *Create conditions for the handicapped children who are willing to study and give them a chance to study in integrated classes with non-handicapped children.*—ART 13
>
> POLICY ON COMPULSORY EDUCATION, LAO PDR 1996

Children with Special Needs

Lao culture is warm and accepting. Children have never been arbitrarily turned away from school because of some perceived deficiency, but neither has the school felt it was its responsibility to teach the child. If parents thought their child should be in school and could get them there, the child was enrolled in grade one. But for those children who needed more than the rote learning formal system, failure, repetition, and repeated failure inevitably led to withdrawal at some stage. Children with clear and obvious disabilities faced greater problems. If, for instance, it would take weeks of patient teaching for a child to learn a simple skill, and if parents had no concep[illegible] f what might be possible for their child or had [illegible]ver come across another child like theirs who had learned, small wonder that the sensible response was to feed and care for the child and accept the inevitable result: nothing could be done. This is the same response as the teacher who accepts, without question, that many children will fail and assumes his/her own actions can not change this situation.

Eight years ago when the government of Lao PDR began the process of school improvement, there was no thought given to the needs of chil-

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dren with disabilities. Rather, school improvement was based on a response to the particular difficulties of quality and access to basic education faced by the Lao Education service at that time.

> *School improvement may be the result of the introduction of integrated education, or provide the opportunity for integrated education to happen, but whichever route is taken, school improvement must take place.*—TOWARDS INCLUSION: SCF(UK)'S EXPERIENCE IN INTEGRATED EDUCATION 1995

School Improvement

In 1989, education ministry planners started the process of improving quality through attending to teacher education and the curriculum, as well as continuing to work on the issue of access. The government sought various partners in these tasks, including SCF(UK), who helped with the pre- and in-service teacher training programmes in both the pre-school and primary sectors. They introduced more child-centred methods in the schools, which have now led to the development of the current integration programme.

The issue of teaching methodology (how to best promote learning within the schools) grew through consideration of the curriculum (what to teach) and how to best prepare teachers for the job (what should teacher trainees learn and where can they best learn the skills involved). One report on the changes taking place in the primary sector was titled *Learning to See*, and for those involved this was certainly the key to the introduction of new methodology—What is happening in the classroom? Why do so many children fail? How can we teach in ways that limit failure and enhance learning with our limited resources?

The answer was the adoption of more child-centred, active teaching approaches, the use of home-made visual aids, greater involvement of children, better interaction in the classroom, a variety of activities, planning and recording, ongoing assessment, and above all a new attitude in which children's differences were acknowledged and teachers took responsibility for the learning going on in the classroom. It was this process that highlighted the clear needs of those children who had failed to learn and to consider the situation of those children whose parents did not enrol them at all.

The Inclusive Education Pilot Project, 1993

The pilot project primary school chosen was one in which the school improvement process was well established, where there was felt to be a committed staff and good leadership and because the school already had three children with clear special educational needs enrolled. In-service training based on the UNESCO *Special Needs in the Classroom* pack was given over a period of time to deepen the understanding of new methods and to prepare the school and the local community for the admission of children with special needs. During the first academic year (1993/94) twelve children were enrolled, mostly in the lower grades, and weekend in-service training continued throughout the year. The following year there were 17 children, including those who had already been in school (and failing) and those whose learning problems were at last being recognised and acknowledged.

This pilot school phase was an important learning and experimental period. In the first half of 1995 the project board deliberated on what had been learnt and what the next step might be. It could be seen that:

- inclusion of children with special needs was possible in Lao primary schools, provided that the teaching and learning methods were active, interactive, and flexible, and that teachers were supported through in-service training and ongoing support systems;
- introducing integration could deepen and speed the improvement process by highlighting the difficulties children might encounter in the classroom and by providing methodologies for helping many children when they faced temporary or long term problems, thus reducing the failure and repetition rates throughout the school;
- while the general introduction of improved teaching methodology was the basis, teachers also needed to know what kinds of difficulties children might face and have access to some methods of approaching these difficulties. Teachers also needed to have prob-

lem-solving strategies when faced with novel situations presented by the diversity of the children;

- changes in school regulations regarding assessment and promotion were needed;
- if inclusion was to become the norm for primary schools (thus achieving the goal of education for all) it could not be accomplished with the level of training and support that the pilot school had received. It would have to be done quickly, and cheaply, and the training and leadership team would need to be expanded;
- teachers had found it quite difficult to accomplish inclusive teaching, and it was realised that the major difficulties could and should be eased for any new schools. It should be recognised that both teachers and schools needed time to develop skills and asking too much early on only created anxiety and dependence on the training and support team.

Looking at the pilot school, it could be seen that the following situations had caused the most difficulties. Most of these are related, not to the ongoing situation, but to the early period when there had been no services and when the demand grew so quickly that children outside the school's normal catchment area were being enrolled:

- the recruitment of older children (10+) whose long-term exclusion had led to low social skills and subsequent behaviour problems;
- the recruitment of some children with severe learning problems;
- over-recruitment, so that some classes had more than two children with special needs—this distorted the normal classroom and placed too much of a burden on teachers;
- using the old curriculum (the new curriculum was being introduced one year at a time—thus grade one in 1994, grade two in 1995, grade three in 1996 etc.)

In considering these issues and formulating the next step, the project board felt that introducing early intervention for children with special needs could be advantageous.

Special Needs and Early Intervention

There is clear evidence that early intervention can be very beneficial for children with special needs. When early intervention is available, children do not suffer the additional problems caused by social isolation and the lack of stimulation and training which comes from distress, low aspirations, and low understanding in many families. During the kindergarten period, with its understanding of the all-round development of the child, special attention can be paid to the child's needs, and families can come to have a truer picture of the child's potential and their role in helping the child to achieve this. Furthermore, there are no problems with discrimination by other children at this age; the child will grow up with his or her peers, and they can continue together through the primary school with the more able children supporting and helping their friends.

> *The pre-school is the strong central post around which the house of primary education is built. If we compare the children who have had access to pre-school with those who did not, we can see very clearly how well they do later on. Integration is so beneficial for young children [with special needs]. It helps the children to overcome their difficulties, to be independent; it prevents isolation and gives them access to a social life.*—MONE KHEUAPHAPHORN, DIRECTOR DONG DOK KINDERGARTEN

The Pre-school Programme

In Laos a small, but effective, kindergarten system was available. It was felt that such kindergartens, with the understanding of child development, improved methodology, positive attitudes toward working with parents, and a strong emphasis on social development could provide, for at least some children, a strong start. In addition, it would be possible to recruit an additional layer of trainers and support personnel onto the team who would bring with them the skills and understanding of child development that could help teachers, particularly primary school teachers, assess children and plan programmes. So while it would never be possible for all children to benefit from kindergarten a significant number could, and the development of primary integration would then be speeded up.

Pre-schools do not, as a rule, fail children and make them repeat grades, and so the introduction of a play-based curriculum and active teaching did not immediately highlight children with learning problems. Nor is pre-school compulsory, so the fact some children were missing was never an issue. Nevertheless, the growth in thinking about the development of the child and an attention to the whole child helped pre-school teachers become aware of differences in children. The changes brought about were far reaching. Furthermore, once integration had started in the primary school sector, it became very clear what the preschool could offer children with disabilities.

The elements of the pre-school improvement include the following:

- the study and understanding of development of Lao children across four aspects— physical development, mental, emotional and social. This is not a once and for all external study, but an active engagement of teachers and teacher trainers. In 1995 the kindergarten sector produced the first Lao book on child development and assessment which was based on this growing body of knowledge. This is the first time it has been possible to clearly see which children might be lagging behind and therefore need additional help. This work continues with growing understanding of the cultural differences within the population;
- planning, recording, and assessment procedures based on child development;
- play and activities as a basis for the pre-school programme;
- use of all the senses to reach children—concrete things for children to touch, smell, explore, sense, and feel so that the balance between the modalities is changed from the over-dependence on listening to a more balanced approach;
- variety of group size, particularly the use of 'circle' (small group) sessions;
- attention to the environment so that the school is both safe for children and attractive—this includes decorating the classroom, the use of interest corners, and the use of play corners;
- very flexible use of the indoor and outdoor space—children use tables for some activities, sit on the floor for others, work or play under a tree, etc.;
- the build-up of teaching aids and play equipment made by teachers from available materials—both natural (of which there is an abundance) and junk, which is now becoming more available in cities and small towns;
- much greater use of the oral culture which surrounds the children—stories, poems, songs, and dances;
- building strong interactive relationships with children by ensuring that teachers and children are in close contact. As the teacher moves away from the blackboard at the front of the room to engage in the activities she has set up in different areas of the room, interaction increases;
- seeking the highest involvement of children possible so that children are busy and active;
- creating new types of sharing partnerships with the families so that their role is not just to deliver children to school and provide a little extra money, but that they are engaged with the teachers and in the learning and development of their children;
- strengthening the management of school so that it can, from small beginnings, develop and improve the education and care of the children.

These changes were first introduced by the demonstration kindergarten attached to the teacher training institute. It enabled the new pre-service training to include practical skills training for the students, as well as to provide administrators and teacher trainers with an experimental situation from which to devise the programme and the in-service training that would be needed. This in-service training continues through regional and provincial centres, actively encouraging and supporting new young teachers to pass on their knowledge from the courses and by using teacher trainers and head teachers to support and monitor change, produce training material, train regional trainers, and help in the setting up of administrative systems.

This has been accomplished with relatively modest budgets. Since 1990 costs have included facilitating learning from the outside through study tours and visits of MoE administrators, teacher trainers, and head teachers for the team; enabling access to written material and research including translation costs; the funding of an external adviser for two years to support the team's learning and planning; funding the production of new study materials for teachers and students and the funding of short in-service training courses at various levels. Working in this way, Lao educators have had access to relevant international research and experiences to apply in the task of finding suitable ways forward which are consistent with Lao culture, needs, and opportunities. It has been quite different from the importation and imposition of external models that can result from short term consultancies.

One very important side effect of this way of working has been the strong development of a group of educators able to devise, plan, and implement change and development. This group is now contributing to the development of new directions in village family support which are being piloted and, as can be seen later in this paper, are key personnel in the introduction of integration.

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Experiment in a National Implementation Strategy 1995

Expansion was planned within the Vientiane municipality (three kindergartens and five primary schools) and the southern province of Savannakhet (one kindergarten and one primary school) so that a possible system could be tried out. It was largely based in Vientiane so that the Vientiane based implementation team could monitor the situation closely in the first year. On the other hand, experience outside of Vientiane was also needed, so a modest start was also made in Savannakhet.

It was decided that a sustainable and expandable programme would need to ensure that the continued development of the schools was in the hands of local administrators and individual schools. This would keep support from the central implementation team (now expanded to include administrators and technical staff from the MoE, teacher trainers and head teachers from both sectors and the rehabilitation centre staff) to a minimum. Both now and in the future it would not be financially possible to employ visiting resource teachers or other forms of support staff outside of the general system. Continued support would have to come from experienced teachers, head teachers, and administrative staff in local areas. Therefore the process and habit of discussion, sharing, and problem solving would be a key aspect, which would have to be developed from the start.

Programme planners felt that initial training should be kept as short as possible so that it would not become over-theoretical. It would be impossible to provide practical experience before starting, so training opportunities would have to be split, with opportunities given after work had started, which could then be based on initial experiences. Because planners felt that kindergartens had valuable insights into working with families and in understanding child development, they took the unusual step of training teachers from both sectors together.

Based on this thinking, the project board and implementation team carried out the following work plan for the academic year 1995/96 for the ten new schools. Sapanthong school was used as a resource.

- five-day workshops, first for local administrators and head teachers and then for deputy head teachers, grade one and two teachers and at least two teachers per kindergarten, with the head teachers acting as group leaders;
- recruitment of a maximum of two age-appropriate children per class into lower grades and the targeting of all other children in the school with a history of failure;
- ongoing support—including staff meetings and discussions, support from local administrators, assessment visits from Rehabilitation Centre staff, and visits from members of the implementation team;
- occasional extra bits of training for any school showing difficulty—such as allowing a delegation from that school to spend some time with a stronger school;
- a mid-year seminar which included some parents and other members of local communities and during which each of the Vientiane schools hosted visits from seminar participants;

- encouragement to develop ongoing relationships between schools; and
- workshops for some grade 3, 4, and 5 teachers, as well as more kindergarten teachers, at the end of the school year.

Results

Results have been generally good. Seventy-five children in all have been included, and the only real problems have been where school improvement had not gone far enough or where pressure (and the very real difficulty of having to refuse places) led to a primary school taking on too much and overloading some classes which were then unable to complete the year's curriculum.

One pleasing result, not looked for in this first year, has been the drop in the failure and repetition rate in many primary schools. As one head teacher said, *"1995 was the very last year of high repetition rates. We can now recognise difficulties long before the exam and put in extra help"*. In her school the grade exam failure rate had dropped by over half, and all but one of the ten children with special needs were moving up a grade in September 1996.

Work in the kindergartens has gone very well with all the recruited children making significant improvement. It takes little imagination to consider what the situation for each of these children would be had education only been offered at age seven.

Kindergarten staff immediately recognise the relationship between school improvement and integrated education and see the new tasks as deepening their general teaching skills by becoming better able to see individual differences and the need for the all round development of the child. They have also seen how much co-operative working relationships can contribute to the work of the school. This aspect of the programme is therefore very welcome and is seen as an additional spur to general school improvement.

Kindergarten teachers have also been very pleased that their special skills with families, with social and emotional development and creating interactive relationships with children have been recognised and that primary school teachers have come to see how those same skills can enhance their own work. In Laos, as it is elsewhere, kindergarten teachers have lower status than other teachers do. Co-operation and joint training is leading to a reassessment of their skills and roles. When primary school teachers turn to them for ways to improve children's social skills, for ways to involve families, for methods of making teaching aids, for their understanding of child development, their self esteem and confidence grows.

Families and communities have very much welcomed the programme. Previously when no services were available, families had been isolated and, feeling there was no way forward, were unable to help their children. With access to school and a personal relationship with the teacher, attitudes have quickly changed and many families are working hard with their children. Seeing the changes in children and families, communities have become very supportive. As these children have never been removed from the village or urban district into institutions, there is no feeling that they should be somewhere else.

With word spreading, one current problem is the enormous demand for expansion. For example, in one district with one integrated primary school, requests were received from all the adjacent villages' primary schools. It would be very easy to overwhelm the implementation team, so that schools would not receive the necessary support. One of the strengths of the team is their day-to-day work in different branches of education, but work on this programme is still new to team members and must be fitted into their other responsibilities. One way to help support teams is to provide a steady expansion of the team from those schools using existing teams to train additional team members with experience. Already some head teachers are beginning to take on this additional role. Nevertheless the greatest danger at present is too swift an expansion before the personnel resources are available and before a proper evaluation of the methodology has been undertaken.

All teachers have made very full use of the mutual support, which has been encouraged, and indeed this would appear to have been one of the key components of the programme. This has been seen to be true elsewhere in school improvement work (e.g., in the UK), however, where there is very little expertise to call on, where there are no diagnostic and assessment procedures for young children, and where there are, as yet, very few reference materials, teachers must develop, between themselves, knowledge on how to observe, discuss, plan, and evaluate results themselves. This can only be done through a co-operative team approach within and between schools.

It is also clear that the high level of co-operation between all those involved is vital. This includes co-operation at ministry and policy making levels—especially between health and education, between administration across and between levels, between schools in different sectors and regions, between teachers, and between schools and families and the community. This co-operation is based on an acknowledgement of the rights of disabled children to have a full part in society.

Teachers acknowledge the additional work involved but also understand the key foundation they are laying down for the children in guaranteeing their rights and the contribution the children are making to society. Furthermore, the large and small successes that they have achieved are creating a more confident and enthusiastic workforce. As one person said *"Sometimes we can't explain what has happened because we are so thrilled at what we have done."*

The Next Step

In 1996 a second group of schools joined the project. This included starting in new schools in both Vientiane province and in Khammoune province in central Laos. Essentially the same programme has been followed with only small changes to the training programme. The experience in Savannakhet had suggested that it is easier to start in a group of schools so that each school has a close neighbour (i.e., the smallest group should be two kindergartens and two primary schools not one primary and one kindergarten), and this plan was followed. There are demands for additional formal training, but the implementation team and the project board feel reluctant to go down this line at this stage because of financial, and more importantly, personnel resources. Instead they are seeking to put extra knowledge into the widened implementation team so as to increase access to informal training available at the school and the school group level. If, for example one of the head teachers in Savanakhet was able to lead discussions of issues and provide help in the problem-solving strategies, would this be a more long-term benefit than an additional formal workshop? The balance between formal training and informal school development needs to be carefully thought through.

The team also aims to produce the following:

- a newsletter to be used to spread experiences and good practice between all those involved;
- a training manual, based on a combination of items from the UNESCO pack and other items, which, our experiences suggest, are needed and which is straight forward enough for it to be used locally;
- management guidelines;
- materials for teachers and parents.

It is also clear that some thought will have to be given to the problem of child assessment and how to provide access to information and help when schools are faced with unknown situations. There will be a need for at least some staff at a national level with a much higher level of training than is currently available. At present some outside help can be drawn upon but this expertise will have to be available within the service at some point in time.

Conclusion

The prognosis for children is better when help is available at an early age; it is also easier to give that help to younger children. Bringing in the kindergarten sector makes sense. Perhaps it is also worth asking whether integration may not be just a little easier when it comes in with the very start of services rather than when the 'mature wood' of a fully developed special school system makes 'bending' in new directions more difficult.

The experience of the Lao Integrated Education Project has shown that with careful planning and implementation, and by using all the resources available, the twin goals of improving quality for all and providing for children with special needs can go hand in hand, with each initiative in the process feeding into the development and in turn benefiting from the combined effort. Determination and co-operation are the keys to successful inclusive education.

REFERENCES

Asian Development Bank. 1993. Education and Development in Asia and the Pacific Series, vol.1. Lao PDR.
Emblen V. and Vonsay D. 1991. Pre-school Education in the People's Democratic Republic of Laos. In *Primary Teaching Studies*, vol. 6, no 2. London: Polytechnic of North London Press.
Holdsworth J. C. and Kay J. (eds.). 1995. Towards Inclusion—SCF(UK)'s Experiences in Integrated Education. SCF(UK) South East Asia and the Pacific Regional Office Documentation Series, Discussion Paper 1.
Kay J. 1994. Learning to See. SCF(UK) Report.
Lao PDR. Ministry of Education. 1990. Evaluation de l'État Actuel de l'Éducation en RDP Lao.
Lao PDR. 1996. Policy on Compulsory Education.
Lao PDR MoE General and Pre-school Department. 1996. Child Development and Assessment of Pre-school Children.
Sacklokham K and Inthirath S. 1993. Special Needs in Lao PDR. Country report for the UNESCO Regional Seminar on the Policy, Planning and Organisation of Education for Children and Young people with Special Needs.
UNESCO. 1993. *Special Needs in the Classroom*. Teacher education resource pack.
UNESCO. 1994. The Salamanca Statement and Framework for Action on Special Needs in Education.
UNICEF. 1992. Children and Women in Lao PDR.

PORTUGAL

Águeda's Experience: A Social Movement in Portugal Involving Disadvantaged Children

ROSINHA MADEIRA

The experiences described in this programme profile from the Águeda district in Portugal illustrate the dual strategies of 1) addressing inclusion within a school and family resource centre, called Bela Vista, and 2) addressing the need for greater social cohesion within the community. The focus in this latter strategy is on integrating all disenfranchised members of a society through activities that bring people together, that allow people of all different ages and abilities to contribute, and that strengthen the social fabric.

Introduction

In this article we will share our experience as educators and social activators who, for 20 years, have been working for the integration of children and social groups who have been victims of discrimination.

Following the Revolution of April 1975 in Portugal, a movement was born which called for the integration of those children who were denied acceptance in the community into the educational and social systems. This principle of integration recognised and expressed the democratic value of Equal Rights For All.

The intervention described in this article was undertaken by a group of professionals and non-professionals endeavouring to work together toward the principle of social integration, by working with parents, professionals and the children themselves. This founding group created Bela Vista, an integrated educational centre, which for many years has been the head office of the *inclusion* movement in Águeda.

Bela Vista began as a nursery school, where 20% of the spaces were reserved for children with special needs. From the beginning there was an emphasis on working with families as well as with children, both with and without special needs. Over time, the work expanded to include the formation of informal community networks, as well as other supports and projects in the areas of health and education.

Today, Bela Vista is still a place that accepts the challenge of learning new attitudes and developing new knowledge. It makes possible the "invention" of new responses to meet the needs of children, families and communities who lack access to social opportunities.

This experience in Águeda, which is reflected today in many other institutions and local projects beyond Bela Vista, can be used as an example of the process of community intervention, in which the integration of children who have special needs and/or who are at high risk in social terms has been a key factor in stimulating social change and overall community development.

Background

Águeda: an area of rapid change resulting in social rejection

Águeda is a region with nearly 45,000 inhabitants, situated in the District of Aveiro, located in the central coastline of Portugal. It is part of a geographical area that has undergone many changes since 1950 because of the speed of the industrialisation process.

In a few decades time, the rural way of life was abandoned, but there was no reorganisation of social structures or institutions to replace the traditional, rural forms of solidarity. In a short period of time, many farmers born in Águeda left their work in the fields to get jobs in factories. Since the 1970s, many of these new workers became businessmen, contracting people from poor isolated areas of the country to come in as migrant workers.

The process led to an obvious material improvement for a large number of families born in the area. However, there was a lack of housing and social integration for the migrant population. Migrant families experienced problems in finding employment and housing, and suffered financial hardships. As time went by, the quality of life of these "other", migrant families were determined by their economic difficulties, employment status, and housing status, and they had difficulty getting access to social services. The region was thus comprised of two worlds: one included those who were born in the region and had access to resources; the other was the world of the migrants who experienced increasing vulnerability and social dependence.

For everyone the values of community life were subordinated to the rhythm, mind-set, and innate values associated with industrial production. In a community with such a structure, the children and old people are most "at risk". While they did receive some social services, these were provided in an automated and impersonal way. There was a lack of the solidarity and respect for personal differences that provides social cohesion.

In this setting children and old people who had deficiencies were discriminated against because their "differences" disturbed the normal routine of this new way of life.

As we experienced and understood the obstacles to social participation faced by children with special needs, and by those who were otherwise disadvantaged in these social contexts, we were led to view the integration of all people and groups as a human problem—a social and collective problem for society—and not simply a technical problem.

The integration of children and youth with special needs into the educational and social structures of the community was seen as a means of accomplishing a more global social project, an achievement which would involve not only the children, families, and specialists, but also the Águeda community as a whole.

The Beginning and Dynamics of the Intervention

In 1975, an association of parents of children with special needs from the city of Oporto (a city about 80 km from Águeda), came to Águeda and pointed out the lack of any educational structures and social services in the community for children and youth with special needs. We recognised that the right to public and free education (guaranteed in the Constitution) was being denied to these children.

As a result, a small group comprised of parents, professionals and non-professionals from Águeda visited several places throughout the region to identify these marginalized children, youths, and adults who were unknown to anyone except for their family and close neighbours. We found cases of great loneliness, not only among the children but also among their families. Many of the children were born and raised in isolation in their homes; they were cared for exclusively by their family. In a few cases, the children and their parents received some limited help through consultations at rehabilitation centres, located in distant towns.

The recognition of the difficulties experienced by these children with special needs and their families prompted professionals from several sectors, parents of different social groups, and other agents within the community to organise themselves to develop local responses to the isolation of children and families.

The creation of the Bela Vista Nursery School was a first response. This helped to sensitise other people and groups, little by little, to the need to end the passive marginalization of young children with special needs.

The press coverage, the meetings between parents of children with or without special needs, the new institution, and above all, the continuous investment in finding ways of responding to new challenges, provided a catalyst for change and resulted in new efforts by the community to accept and respond to these children.

An undesirable outcome of the heightened awareness was the creation of a special education school. However, the people involved in creating this school did not dismiss parents' and professionals' ongoing efforts for integration, in Bela Vista and also in the other few nursery schools that existed in the region. Two years later some of the teachers from the Special Education School (that had been open only to children with mild and moderate disabilities) accepted the challenge of integrating children with serious difficulties in their classroom. These teachers were stimulated to undertake integration after seeing the successes achieved at Bela Vista and other nursery schools that had worked to integrate special needs children into settings provided for "normal" children. The special education teachers soon learned the value and social possibilities of having children with different characteristics, capacities, and needs live and learn together.

The concept of integration was gradually accepted as a very important part of education and other public services. Activities and events created in the school context required (and mobilised) the participation of all children, as well as adults, and led to improvements in social interaction, communication and human relations.

This movement to integrate and include children with differences has brought back into public consciousness the belief in taking care of those who are more dependent. It has created a sense of solidarity based on respect for differences and for the rights of each individual to participate fully in society. And it has re-instituted the traditional values of a rural society in which children, adults, and old people live their daily life together, and has brought about a clearer and more conscious understanding of what it takes to learn how to live together.

The Development of the Águeda Approach

In 1975 there were only two children with special needs integrated into the 51 educational institutions (from creches through secondary school) in Águeda—one with spina bifida and one who was partially deaf. However, contacts with the various schools in the region confirmed that there were also children with learning problems, whose difficulties were due to their family's situation. According to the teachers, there was no justification for additional educational support for these children.

During this same period, education for children with moderate and serious intellectual deficiencies was catered to only in large special education institutions (some were boarding schools) or in private schools located in big town centres or in central areas within the inner part of the country. In Lisbon there were some special classes for children with mild intellectual difficulties. Children with behavioural problems were hospitalised in Child Mental Health Centres, or in psychiatric hospitals in Oporto, Coimbra, and Lisbon.

For children with physical and sensorial difficulties there was only one physical rehabilitation centre and one reception centre for children with cerebral palsy located almost 300 km. from Águeda. There were also big institutions for deaf and blind children.

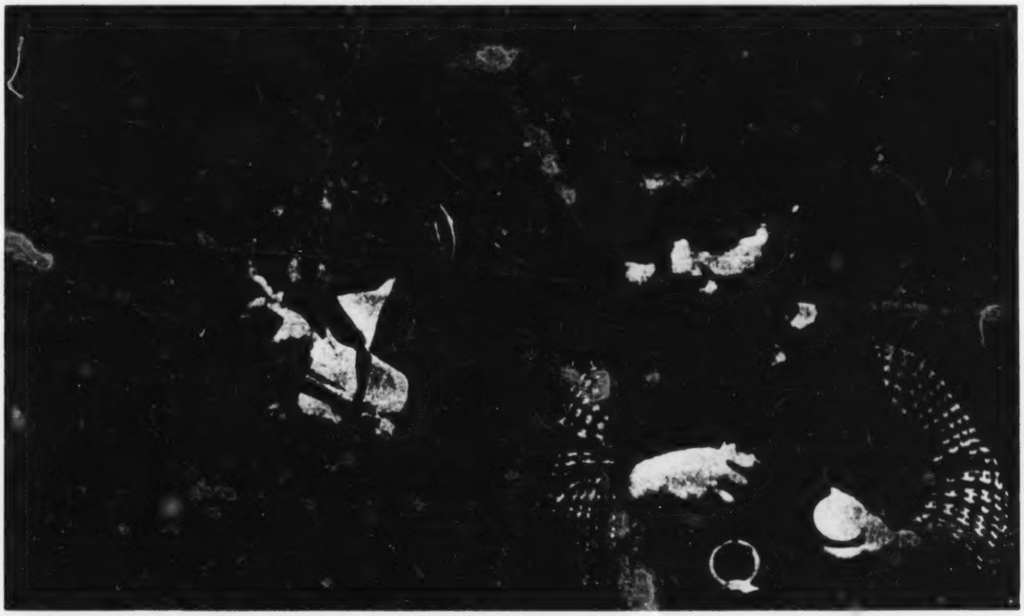
All these institutions were financed by the Ministry of Social Welfare.

The social and educational integration in mainstream education was reserved for children with only physical and sensorial difficulties (i.e. they had no mental deficiencies). In these cases, the children received support from itinerant teachers from the Ministry of Education. It was estimated that this approach met the needs of no more than 10% of children with special needs.

Parents' associations responded positively to the increased experience of integrating children with learning difficulties in nursery and state schools in Águeda. Between 1979 and 1981, knowledge of the work in Águeda contributed to a decrease in the creation of special schools. In this phase, Águeda's movement became a point of reference for the political decision that led to an expansion of the work of itinerant special education teams who could support the integration of children with a wide range of special needs into mainstream schools. Thus, an alternative had been created which guaranteed the rights of children with learning difficulties to education, one which avoided their isolation from other children and adults in the community.

Formal Support and Resources for Integration

The Ministry of Education created Special Education Teams to work with parents and educators from mainstream schools. Their task was to undertake an analysis of issues and then to provide



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supports for the integration of children with special needs into nursery schools, primary schools, and other social activities within the community. The Team was an informally constituted itinerant group, comprised of one educator, one social assistant and one doctor. Those who were included in Special Education Teams, educators from Bela Vista and other nursery schools that had been involved in the integration of children with special needs, did not have specialised training. However, their experience was invaluable.

In 1981, the Special Education Team from Águeda was one of the first regional teams to be created to support the integration of all children into mainstream education, regardless of the type and degree of their difficulty. The legal status of this team endorsed the pioneering work of Bela Vista.

The common interest of these Teams was to discover and create opportunities for children's social participation in all facets of daily life. Such opportunities have to be compatible with the child's resources, bearing in mind the child's emotional, intellectual, and social needs, as well as the expectations, conditions, and needs of the family and community.

The individual educational programmes sought answers to the following questions.

- What are the problems that worry parents and educators?
- What does the child need to learn to increase his/her autonomy, self-esteem, and participation in the life of the family, school and peer groups?
- What resources are available?
- What resources is it possible to create?
- Who can teach (where, how, and when)?
- What resources are required in the short, middle, and long-term?

These programmes were registered in a book where new ideas and innovative approaches were also recorded.

Whenever possible, the child would be asked about his/her likes, interests and worries. Educators often asked the child's school friends and brothers and sisters to relate the likes and dislikes of the child, and to describe what he or she could do in and for the school group.

The Special Education Team is now made up of 28 educators, specialising in different areas. They support the integration of children and more dependent youth up to the end of primary education, thereby facilitating access for these young people to preparatory education (fifth and sixth school years), secondary education, and higher education.

Other Activities

Identification of the Children Under Three with Special Needs

In 1981, the same group that co-operated in the elaboration of educational programmes for school and nursery schools also invested time in studying the situation of children under 3 years of age. Their direct contact with the community brought the first awareness of the risks that many infants faced. There were two reactions to this.

First, the experience led the educators and trainers of nursery education to begin a home visiting programme, making periodic visits to the homes of 19 children who were living in high-risk situations or who were already identified as having had developmental problems. These visits consisted of listening to mothers and helping them to solve health and other problems related to the child. The home visitors also helped mothers discover and create toys and games with recyclable material and domestic objects found inside and outside the house. Sometimes the visits included other mothers and neighbours, as well as other children of the family. With this approach it was possible to expand the social support networks for families. This was done to decrease the possibility that children would be abused, neglected, and/or abandoned.

Second, in 1982, the same educators from Bela Vista also began to develop educational support for very young children within the centre-based programme. Children were taken into the centre as young as one year of age. Intake in the reception year was expanded by more than 30 children.

Detection, Diagnosis and Differential Guidance

Another activity undertaken was the creation of a nursing consultation, established in the hospital of the local parish, at the request of the paediatric hospital serving the entire central region of the country. Many mothers came to these consultations, and problem situations and risks to the child's development were identified. This provided a strong argument to the hospital administration and mobilised pubic opinion to demand the creation of a public health service that could guarantee primary health care for both children and the wider community.

In 1981, Águeda's Health Centre was created, having as main priorities birth control, and mother and infant/child health. The health centre has been involved as an institutional partner in most community activities designed to help solve child development and education problems. It has co-operated with the Special Education Team, nursery schools, and district/regional medical services.

The Development Consultation Team and the Multi-professional team

The co-operation among the health, education, and social support sectors, which was informally facilitated by the most dedicated professionals in the initial phase of the movement, was now being officially recognised as playing an important role in developing services. Two teams were created.

The Development Consultation Team was created in 1981, as a continuation of the nursing consultation programme in the hospital. It includes participation from a paediatric doctor, an educator from the Special Education Team, and a psychologist from the Health Centre. The Multi-professional Team, officially created in 1984, was based in the Health Centre. Both teams are located in the head office of the region.

The teams were created to play a complementary role with regard to existing services. They provide advice and support to parents and health and education professionals when these institutions have exhausted their own possibilities of understanding and solving problems for children in the borough. They give continuity to the actions of the informal groups which support school integration in its initial phase.

Both the Development Consultation and Multi-professional Team take a holistic and listening approach to solving the problems of the parents and professionals with whom they work. They place a great deal of importance on the enrichment and enlargement of the social networks which can provide both formal and informal support to a child's family. They liase directly with specialists working in the regional services. This ensures access to information and other kinds of resources, and guarantees co-ordination in relation to a child and his/her family's problems and needs.

Community-based Programmes

In 1982 educators began to work with children outside school, in the context of their daily life. An evaluation of children's relationships and the roles they adopt outside school highlighted educators' interest in social interaction and the importance of informal social support networks for the children. The work of itinerant special educators began to focus on these experiences and resources, leading to the rapid creation of community-based groups.

By 1988 there were more than 500 children (with 20+ children in each group) in the region who were participating in these groups. All groups had found a meeting and working space (in abandoned houses, small rooms inside churches, private underground rooms, places used to keep decorations for religious feasts, etc.), and every group had its own name.

Most of the children's parents, regardless of social background, were involved in the group's activities and involved themselves in the improvement of the environment (repair work, recycling school material, needlework, etc.).

Each group has already created some means of raising funds to support their activities. Fundraising activities include selling sweets and painting pots and other handy work made from naturally occurring local materials or waste from industry and/or local commerce. Recovering public spaces and cultivating small kitchen gardens was simultaneously a significant educational activity for the children and a means of improving the quality of their experiences.

In 1990 Bela Vista set up a project team, in co-operation with the Health Centre, the special education team, and local authorities. The project team's role was to work closely with the community-based groups. This activity was financed by two foundations.

In 1994 the work done with children, families, and social agents of each community, prompted existing social centres to open access for the groups and facilitated the creation of nine new local associations which began to develop child support services. In 1995 the community-based groups were re-formed and became social-educational groups. At the same time, the target population for the services also changed. It expanded to include people of all ages from "at risk" groups.

The risk of negative discrimination that leads to the need for additional support services is particularly great for young people who are held back at school and/or who, (in a few exceptional cases), are secretly sent out to work to help their families. These services are also needed for young mothers from "at risk" social groups who seek help from unofficial sources because they do not have access to and/or cannot maintain a lasting link with the social centres. Services are needed for children of incapable or inadequate parents who have health problems, or who are in trouble with the law. Children of migrant families and ethnic minorities (gypsies and Africans) also face hardships because their parents find it difficult to fulfil the basic conditions of life—housing, social aid and a secure job—and are prevented from settling or returning to their original home.

Challenges

Addressing Negative Expectations

While professionals were making integration, education, and social support easier for children and families in their home, nursery schools, schools, and activity centres, there has also been an equal investment in the creation of new resources within the community.

One would expect that the establishment of the necessary structures and supports for inclusion of children with special needs would have solved the negative discrimination problem and exclusion of "different" children. But this happened to only a limited degree. Children who were clearly "different" were more easily integrated than children who were at risk for social reasons.

In 1985, 26 deaf children, nine children with serious physical disabilities, and 120 children with moderate and serious learning difficulties were attending the public schools in Águeda. In the neighbouring regions another 36 children with special needs were also attending school in their community with the support of their parents, teachers and some help from itinerant educators. All these children, their peers, parents, and teachers grew and learned to live together, and in doing so helped to create a new philosophy and develop new educational and social relationship skills.

As these teachers and parents shared their experiences through the press, seminars, and meetings between professionals organised by Bela Vista, the commitment to search for solutions to new problems was strengthened. The parents and teachers were also an influential factor in political decision-making; they helped generate support from the Ministry of Education, which led to the creation of the itinerant teams and the placement of support teachers in classrooms that integrated children with learning difficulties.

However, there was still a big group of children whose lives and development were strongly limited by their parents' social status, as determined by their heritage and employment. These children were not successful at school; they were negatively discriminated against by teachers and neighbours for not meeting expectations in cognitive and social skills. In discussions between teachers and parents, children's difficulties in adapting to the social rules of school and their lack of achievement were defined as the consequences of limited intellectual ability and/or as the result of emotional instability.

It was confirmed, however, that in extra-curricular activities and within the familial context, these same children were able to undertake tasks and responsibilities which were as complex as school-related tasks—e.g., the care of younger brothers/sisters, domestic tasks, work in the fields, and sometimes employment in small companies.

Because these children were being given support by the Special Education Team, parents and teachers assumed that these children needed "special" attention. The fact that the children were receiving services in the community served to confirm negative expectations about what they were able to do. In order to avoid singling out and labelling these children, the team decided not to respond to the schools' requests for educational support. As a result, the team has been challenged to create an alternative response to support these children's education needs, a response which must fit the children's social needs and value their knowledge and sense of responsibility.

Replication of the Approach

A problem we have yet to solve is how to replicate the process we underwent in Águeda in other parishes. We have had experience training professionals in the Águeda approach through courses or through meetings of other groups of professionals (and non-professionals) who came to Águeda to find out how to implement similar initiatives in their communities. We know that it is possible to share knowledge that can be applied in other communities, and result in the development of new responses.

Therefore, between 1978 and 1985, Bela Vista promoted annual seminars at which there was an exchange of experiences through direct communication, photographic exhibitions, and detailed documentation. The seminars were facilitated by people who shared common knowledge and experiences, which helped those attending to deepen their understanding of the process. We also explored the limits and potential of some of the solutions we had found for specific problems and for continuing with intervention.

This has been the model of training and self-learning that we have adopted. Work in small groups has included the use of instruments to record significant events, and to enable an analysis of the context within which the processes and activities have occurred.

The training process embodies an "investigation-action" approach. It exemplifies the values and principles of intervention which inform Águeda's work. The approach begins with an analysis of problems acknowledged as relevant by the intervention agents, whose perceptions, deductions, and living experiences become a training resource. The process allows discussion of the issues by people who bring differing perspectives and knowledge to the solution of the problem.

The community-based groups, and Águeda's approach to training and self-learning processes, ensure that the program does not exhaust its creative potential. The people associated with Bela Vista are constantly reformulating and re-thinking the problem of social exclusion for children and disadvantaged social groups in the community. The processes that have been developed to generate new knowledge and approaches prevent the community from becoming complacent. The experience and successes of people who have achieved something, despite the odds, become the baseline motivation for and impetus for creating new knowledge.

Summary and Conclusion

BelaVista, the Health Centre, and the Special Education Team were created in order to make integrated reception possible for all children—in the home, nursery schools, and schools. At the same time, the Águeda team went on creating informal supports for families, educators, and schoolteachers so that they could engage in the decision-making necessary to make social-educational integration a reality.

The activities of the group were recognised and systematised with the creation of the Development Consultation and the Multi-professional team. These teams provided support to professionals and parents, once local possibilities for addressing the issues were exhausted.

The community groups were introduced as a response to the challenge of combating the stigma and negative expectations within the school and community in relation to the cognitive and social potential of children from low-status social groups, whose knowledge and extra-scholastic skills were ignored by formal educational structures. Children were integrated into social groups where the child could assume an important role in improving the quality of life within their community.

It is important that the Águeda community, now rich in child support services, does not ignore the social problems inherent in its industrialised environment. This is an environment which contains fluctuating numbers of migrant groups and other minorities who find neither lodging, welcoming attitudes nor any other facilities to assist their integration in the community. These groups are increasingly at risk of exclusion.

The exclusion of children with differences from the social-education structure of the community is a social problem, not just a technical problem. Therefore the solution has to address issues of social change and community development. We have tried to show the interdependence of many actions; there are important links to address between the social and human context in which problems are created and the social structures that embody them.

Today a child who is born with deficiencies or into an adverse family and social surrounding in Águeda doesn't have to go through the same process which, not many years ago, led to negative discrimination, progressive social isolation, and impoverishment. The child is recognised as an integral part of the community from birth. The child's parents, and educators from the nursery and community schools, are no longer alone in creating social and educational solutions that protect and stimulate the child's (and our own) development.

As a group, we have the dream of one day putting this project fully into practice. As we struggle for its accomplishments, we find ourselves co-authors of a social reality that continues to sustain our search. By telling our story, we want to encourage other communities to invest in a struggle against the social unfairness which affects the lives of children and other groups whose differences are not commonly accepted. These people are the hostages of an economic process whose contradictions we have to face for the sake of democracy, and for the well-being of all.

International and Inter-agency ECCD Initiatives

Effectiveness in ECCD

The Bernard van Leer Foundation is spearheading a three to five year inter-agency, cross-country study of programming in ECCD, titled the Effectiveness Initiative. Judith L. Evans (Director of the Consultative Group) will be serving as the Bernard van Leer coordinator of this effort from The Hague, working closely with Bernard van Leer Foundation staff members, as well as with individuals from other partner agencies within the CG, and key ECCD proponents in the field.

The Effectiveness Initiative (EI) is an in-depth, contextual look at what is working in early childhood development (ECCD) programming. The centrepiece of the Effectiveness Initiative involves an in-depth case study of approximately 10 projects (some funded by the Bernard van Leer Foundation, some not) that have a reputation in the field for being effective.

In seeking to understand what makes an approach effective in a given context, the focus will be on the processes that go into the creation and implementation of an effective ECCD project, as judged by its outcomes. Within this initiative an attempt will be made to identify what has been tried, what has worked, and what has not worked in ECCD programming. The EI effort will provide a building block for our understanding of how effectiveness is achieved. It will offer opportunities to compare what constitutes effectiveness in diverse settings, derive common lessons learned, and distil a process for conducting in-depth case studies in other settings to further enhance our understanding of effectiveness.

For the purposes of the Initiative, *effectiveness* is defined as follows:

> *Effectiveness in ECCD programming is meeting the developmental and cultural needs of young children and their families, in ways that enable them to thrive.*

Effectiveness is a judgement, based on an agreed-upon standard. Effectiveness encompasses both the processes and outcomes of an activity. Having said that, it needs to be recognised that there is no universal standard for judging effectiveness. The definition will vary according to the nature/perspective of different people and groups within a project. Effectiveness is neither linear, uni-dimensional, nor uni-directional. It is likely to vary within the same project, and across projects. Standards for effectiveness are derived from cultural values, personal experience, "science", and particular theoretical positions, as well as the comparison of similar experiences.

Operationally, an ECCD project is effective when it:

- *activates people* within a context to provide supports to children, care providers, and families;
- *recognises, builds on and/or creates dynamic systems* of support in a community/context that can respond to people's changing needs/concerns;
- *supports parenting/care provision* for children in all sectors of community life, so that care for children is woven throughout the cultural context;
- *helps to create a cultural climate* of family/child support on the levels of policy/ programming/care provision and cultural attitudes or ethos;
- *helps adults and caregivers develop* to their potential;
- *helps ensure that children have* love, care, nutrition, support, stimulation, language, safety, and consistency in an environment that allows them to grow and develop to their fullest human potential;
- *helps children to become* emotionally and physically healthy, to be curious about their world, to have self-confidence, to seek mastery of skills, to develop thinking and problem-solving abilities, and to be resilient. It teaches them not only to adapt to changing conditions but also to transform situations;
- *serves as a catalyst or affects directly the way people live their lives*, economically, socially, and in qualitative dimensions.

This definition of effectiveness is not bound to a single ECCD "model". Rather these outcomes can be achieved within a variety of programming strategies. It is worth stressing that the partners in the Effectiveness Initiative are not interested either now or later, in arriving at a hierarchical structure in which they have identified the "best" or the "most" effective approach. The goal is to deepen understanding of what works within diverse contexts, and what commonalties can be found across cultures and contexts.

The framework

There are two goals in working with each of the projects. The first goal is to ensure that the projects' questions about their own effectiveness in terms of outcomes and processes can be answered. The second goal is to identify questions that will be asked across all projects, permitting an across-site analysis rather than simply an aggregation of case studies.

To allow for the across-site analysis we are going to begin with a set of overlapping "maps" that can be used to describe a project. These maps represent different "cuts" or ways of looking at a project. We will begin with these as a way of organising data, recognising that the maps may well change or be dropped, while others could be added.

It is recognised that in order for people to be able to work with these conceptual "cuts" it is necessary to generate a set of questions that might be used to illustrate the kinds of information that can be gathered in relation to each of the maps. Thus initially there will be a Mapping Activity. The mapping activity will consist of creating a timeline for the project, along which the story of the project will be told.

The basic strategy is to create a team of four to five members to work with each project. Each team will include a mix of individuals, and there will be some overlapping members (i.e., people who serve on more than one team). To provide guidance to the overall effort, an Advisory Committee has been created. Members of the Advisory Committee will take the lead on one or two of the projects as well as provide oversight as the Effectiveness Initiative is developed and implemented. The Advisory Committee includes staff from international organisations, individuals drawn from ECCD-related fields, and Bernard van Leer Foundation staff.

Early Childhood Care for Survival, Growth, and Development (ECC-SGD):

UNICEF's renewed commitment to young children

UNICEF has a global mandate for children. Its mission requires that development and implementation of programmes are shaped and guided by the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of Discrimination Against Women (CEDAW).

UNICEF's first priority in any country must be to ensure that the survival, growth, and development of the young child gets first call on UNICEF's resources and commands the necessary share of existing and potential national resources. These resources must go toward programming that results in the convergence of efforts at the policy and planning levels, the implementation of social services and the development of comprehensive and strategically-focused support to poor families and communities.

UNICEF's efforts must give greatest priority to the most vulnerable and at risk populations. This is being done through the Early Childhood Care for Survival Growth and Development (ECC-SGD) Programme, an integrated approach to UNICEF programming for young children ages 0–8. Through the ECC-SGD approach, early childhood care is seen as resulting in meeting the survival, growth and development needs of the child. UNICEF programming addresses those needs through health, nutrition, water and sanitation, and education, however, no single programme meets the full spectrum of a child's needs. In recognition of this, the rights based approach to programming calls for greater convergence of activities for children, thereby creating the synergy that is needed to produce the best results for children's full development.

The Specific Short-term Targets for UNICEF's ECC-SGD Programme (2005) are to:

- Ensure that all countries have comprehensive and multi-sectoral family and child development policies (with resource commitments to support them).
- Ensure that comprehensive and integrated programmes for early childhood care for survival, growth, and development are fully implemented in at least 40 developing countries, giving special attention to countries that are severely affected by HIV/AIDS. These programmes should be child-centred, family-focused, community-based, and gender sensitive.
- Ensure that in all counties where UNICEF is operational efforts are advancing to create convergences in child health, nutrition, education, and water and sanitation activities necessary for early child development to occur. Specific process indicators will be developed to measure this progress.
- Increase access to good quality family-based and centre-based early childhood care programmes.

- Increase participation of adolescents and parents in education programmes concerning early childhood care for survival, growth, and development.

The first step toward desired outcomes is to work with those countries that have selected ECC-SGD as a priority. Nine countries have been identified for piloting an integrated approach (Turkey, Philippines, Nepal, Sri Lanka, Jordan, Jamaica, Malawi, Côte d'Ivoire and Peru). These countries are to participate in the development of the new approach and in tryout activities to generate greater convergence, as well as to learn from the initiative and offer information for UNICEF policy beyond the year 2000.

To launch the effort, UNICEF organised an ECCD Programming Strategy Workshop in Ankara, Turkey, 14–16 October 1998. Recognising that many country programmes are already involved in innovative and successful initiatives which support child survival growth and development, the Ankara workshop explored the concrete measures needed to combine best practices to generate even better results for children.

The strategy development workshop was primarily for participants from the nine countries, but there were participants from other countries that have indicated ECCD as a priority in their 1998-2000 programme. During the Workshop participants learned about current programming in the nine pilot countries, and presentations were given on issues related to integrated early childhood programming by resource people, and the participants had an opportunity to explore what it would mean to develop integrated ECC-SGD programmes in their countries. The Workshop also provided an opportunity for UNICEF staff to learn about the activities of other major partners (the World Bank and WHO) in ECCD.

UNESCO Partnerships Programme

To strengthen regional efforts in favour of early childhood and family education, UNESCO has decided to establish a *UNESCO Early Childhood Partnerships Programme*. The Programme will seek to develop and foster inter-regional, regional, sub-regional, and national networks of institutions, organisations, and centres which support and promote early childhood and family education. The purpose of this programme will be to encourage the generation, exchange and sharing of regionally valid information and experiences in early childhood and family education. It will be concerned with policy, capacity building, support systems, and the content of early childhood and family education, and it will also encompass research and development activities, provision of training and technical assistance, and documentation and dissemination of information.

Goals of the Programme

- Focus efforts on child development/survival, early childhood care and education services, early child development and education, family education, and the mobilisation of both modern and traditional resources to improve young childrens abilities and well-being.
- Foster a world-wide Interchild Network of co-operating institutions, major early childhood organisations, documentation centres and services for inter-regional knowledge generation and exchange of experience, and facilitate inter-institutional collaboration.
- Support UNESCOs decentralisation process by strengthening regional networking and fostering the sustainable capacity development of regional institutions.
- Reflect the diverse needs of the area of early childhood by advocating integrated and multi-disciplinary approaches to early childhood and family education programmes and services.
- Assist developing countries in strengthening their capacities for high level training and research through joint programmes geared towards reinforcing or creating policy, training and research activities in the area of early childhood.
- Plan and promote national, regional, and international co-operative ventures and networking activities designed to increase the health, self-esteem, and learning capacities of young children and improve the skills of families and communities.

Expected Outcomes Include:

- the formation of stratified regional task forces that consist of funding agencies, regional institutions of excellence, and national think tanks;
- the development of links with major funding agencies to develop co-operative programmes in the different regions;
- the laying of the groundwork for sustainable and substantiated regional UNESCO Early Childhood and Family education programmes;
- the reinforcement or building of networks of professionals or institutions in the fields of early childhood and family education;
- the enhancement of networking as a means of continuously scanning the field, eliciting new

ideas and approaches, and refining and enriching thinking on early childhood and family education issues, and

- the avoidance of duplication by actively channelling the information flow among individuals and organisations.

UNESCO's contribution to the programme is both intellectual and financial. Its financial contribution is aimed primarily at covering the following types of expenses:

- *start-up funds to facilitate the establishment of a joint project under the* UNESCO Early Childhood Partnerships Programme, *and*
- *support for activities related to the* UNESCO Early Childhood Partnerships Programme *which are of direct benefit for early childhood and family education in Member States.*

The Programme will try to associate as many partners as possible in its implementation and establish links with other existing programmes or activities which pursue similar goals. To that effect, UNESCO wishes to act mainly as a catalyst, working in close collaboration with other UN agencies, with inter-governmental organisations active in the field of early childhood and family education, with non-governmental organisations and, above all, with early childhood and family education institutions themselves. Special efforts will be made to secure financial support for this programme from governments, from inter-governmental organisations, and from various development and donor agencies, as well as from public and private institutions.

Education for All (EFA) Indicators Update

At the Consultative Group meeting in April 1998 there was considerable discussion of the EFA Indicators that had been chosen to represent what is happening in terms of the development of ECCD programming within countries. The data are to be presented at the end of decade EFA Forum. At the CG meeting an informal group was formed to develop an alternative set of indicators. These were shared with the EFA Secretariat. Subsequent to our meeting there was an EFA Committee meeting that finalised the indicators. What follows is a description of the two indicators that are a part of the EFA 2000 Assessment.

It is important to note that the Consultative Group is preparing a set of guidelines for the development of a much broader set of ECCD indicators. These will be presented in the next issue of the *Coordinators' Notebook*.

Education for All (EFA) Indicators for ECCD

PREAMBLE: This target deals with the first component of basic education: early childhood care and development (ECCD), a term that embraces the full range of purposeful and structured activities intended to provide for the healthy growth and developmental needs of children from birth to eight years of age. This includes activities provided under the supervision of several areas of state responsibility, such as education, health, nutrition, social welfare, etc. The target specifically includes family and community ECCD interventions, especially for the poor, disadvantaged, and disabled children. It is unlikely that many countries will have a systematic record of this broad range of activities, so information about them will have to be obtained through special studies and household surveys.

Such studies and surveys have been carried out in a number of countries, sometimes by government authorities, but often by NGOs and international agencies. Thus these countries will have a good starting point for their assessment. The impact of ECCD programmes is difficult to assess. One approach is to determine what proportion of children who enter school has experienced some kind of ECCD support.

Countries are invited to collect data on at least the indicators described hereafter, so that some broad picture of the development of ECCD can be developed. Wherever possible, these data should be supplemented by information about the nature and coverage of the ECCD programmes, and particularly about their educational component.

INDICATOR 1 Gross enrollment in early childhood development programmes, including public, private, and community programmes, expressed as a percentage of the official age-group concerned, if any, otherwise the age-group 3 to 5.

Definition and Purpose: Total number of children enrolled in early childhood development programmes, regardless of age, expressed as a percentage of the population in the relevant official age-group, otherwise the age-group 3 to 5.

Interpretation: A high gross enrolment ratio in early childhood development programmes indicates adequate capacity for this type of programme within the country. A gross enrolment ratio of 100 percent indicates that a country is, in principle, able to accommodate all of its relevant official age-group population concerned by ECCD. Countries may also differ widely in their approaches to early childhood education, with some approaches focusing on experiential education while others emphasise skill development, academic development, the visual arts, etc. This indicator measures the general level of participation of young children in early childhood development programmes. It also indicates a country's capacity to prepare young children for primary education.

Quality Standards: The data on enrolment should cover both public and private institutions and programmes. Enrolment rates for young children can be affected by differences in reporting practices, namely by the extent to which child-care programmes that mainly offer custodial care have been included in the statistics. Especially for very young children, for whom the natural pace of development limits the pedagogical possibilities, the distinction between early childhood education and organised childcare can be difficult to operationalize in an internationally consistent way. Since the enrolment does not take the age factor into account, children below 3 years and above 5 years may also be included. Therefore, gross enrolment can exceed 100 percent. Only countries that require official registration of any ECCD provision are likely to have official data for this indicator. Countries which have data only for state or state-supervised preschool or pre-primary educational programmes will need to supplement these data with information on enrolment in other types of organised early childhood development programmes that can be derived through other data gathering means, or from studies and surveys.

INDICATOR 2 Percentage of primary grade 1 pupils having attended some form of organised early childhood development programme.

Definition and Purpose: Total number of primary grade 1 pupils who have attended some form of organised early childhood development programme equivalent to at least 200 hours, expressed as a percentage of total number of primary grade 1 pupils. Early childhood development programmes cover all forms of organised and sustained school-based and centre-based activities designed to foster learning and the emotional and social development of children. This indicator helps to assess the proportion of grade 1 pupils who have received preparation for primary schooling through early childhood development programmes.

Interpretation: A high percentage of primary grade one pupils who have attended some form of organised early childhood development programme indicates that a large proportion of these children have been prepared for entering primary school. It is commonly recognised that prior participation in early childhood development programmes plays an important role in a child's future education, because they shape attitudes toward learning and develop basic social skills.

Also, progress in schooling is often associated with cognitive abilities acquired at young ages. This indicator, however, may tend to give an exaggerated indication of access to ECCD, since those children who have access to ECCD programmes are more likely to access primary schools.

Quality Standards: The percentage of primary grade one pupils who have attended some form of organised early childhood development programme cannot exceed 100 per cent. Such information may exist in school registration records. School census instruments may also be geared to collecting this information. Otherwise, the information could be gathered through a carefully selected sample survey of schools, or through household surveys.

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Network Notes

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Activities of the Secretariat

At our April 1997 meeting, partners of the Consultative Group agreed on two broad lines of action for the coming years. First, to promote regional networking among groups working to support young children and families, serving as a forum for inter-regional exchange. Second, to participate as a partner in Bernard van Leer Foundation's Effectiveness Initiative, a 3-year effort to look at what makes early childhood programming effective, how, and why. (See more extensive description on page 51). In addition, the Consultative Group Secretariat will continue to:

- promote inter-agency exchanges
- gather, synthesize, and disseminate information on research and practice related to early childhood in Majority World contexts
- backstop its partner organizations in their ECCD development and policy formulation
- reach out to new organizations in a position to contribute knowledge and experience to the growing knowledge base about what can be done to support young children and families in Majority World contexts
- advocate on behalf of young children and families within international fora

The Consultative Group Secretariat continues its metamorphosis this year in response to our decision to focus more strongly on regional networking. In addition to incorporating regionally-based members into the Secretariat, we will move our administrative office to The Hague, Netherlands. Judith Evans and Ellen Ilfeld will be based there. Judith will be directing the Secretariat as well as overseeing the Effectiveness Initiative sponsored by the Bernard van Leer Foundation, in partnership with the Consultative Group and other organizations.

Robert Myers will continue to work with the Secretariat on knowledge synthesis and creation from his base in Mexico City, Mexico. The regional members of the Secretariat will each be focused on reaching out to key agencies and groups within their regions, creating or helping to strengthen regional consultative processes. It is our goal to create a strong team, based around the globe, which can advocate effectively on behalf of young children, can pool knowl-

Activities of the Secretariat

edge and resources, and can backstop the efforts of international agencies and regional/national groups in planning and implementing high quality supports for young children *at risk* and their families.

To contact the Secretariat, see our new contact addresses on the back of this issue of the *Coordinators' Notebook*. Via e-mail, continue to contact us at: info@ecdgroup.com

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This network, consisting of 22 institutions in 14 countries, held a second regional meeting in December, 1997, to consolidate its identity as a consortium, identify joint plans and goals, and set up mechanisms for knowledge exchange about ECCD in the region. The four priority areas for action agreed upon were: 1) parent education, 2) indicators—monitoring and evaluation, 3) training—both training in ECCD and training in the use of information and communications, and 4) decentralisation / local integration of services for families. Much work has already been done within these areas, so actions will focus both on gathering and disseminating what is already known and on joint action research.

Several inter-country training experiences have taken place in the region, as well as exchange visits and consultancies between NGOs and governments across the continent.

The CG-LA serves as a network of networks, linking several early childhood focused networks. It is in the process of jointly developing a regional Web Site on ECCD and a regional bulletin/newsletter, as well as creating a roster of human resources in the region. CINDE was ratified by the diverse groups in the network to serve as the regional convener of the consortium, and will work to expand membership and secure funding for further knowledge-exchange and networking activities in the region.

South East Asia ECD Network: Feny de los Angeles-Bautista

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This network has just launched a publication called E-News, an e-mail newsletter for distribution to network members. Other activities have included a Regional Institute on ECCD supported by UNICEF and others in Singapore, November 1997, several exchange visits

Activities of the Secretariat

between NGOs in the region, and the formation of a loose e-mail discussion group among interested members of the consortium. The network has received strong regional support from UNICEF. In addition, several regionally-based ECCD specialists have contributed their time generously as faculty in the Regional Institute and in coordinating exchange training opportunities for ECCD practitioners in the region.

Issues that have been addressed (and shared) within the region include: measurement/assessment of children, media and ECCD, parent education, and creating linkages between child labour and ECCD. Particular efforts within individual countries, such as an initiative in the Philippines to reach out to developmental pediatricians, have been communicated to others within the network.

Members of the network have shared programme descriptions of interesting and effective efforts within the region (and within South Asia as well), and in a couple of cases, offered site visits as well.

The following issues were identified for further attention in the near future: It was felt that parenting programmes (built on strengths and not deficit models) need to be more widely available. In addition, it was felt that ECCD practitioners need to know how to better link with Ministers of Finance, and with the business world in general, to gain wider acceptance of ECCD. The CG for Southeast Asia is convened by Feny de los Angeles Bautista in conjunction with a support team representing diverse countries in the region.

A regional technical consultation was held in Manila from September 21–24, 1998 on *Assessment Issues in ECCD*. The meeting, supported by UNICEF, was attended by individuals from Nepal, Sri Lanka, Thailand, Singapore, the Philippines, UNICEF Headquarters, Regional offices (EAPRO and ROSA) and the Philippines office, and the Consultative Group Secretariat. During the four days current instruments that are being used in the region were reviewed. In addition, there was considerable discussion of the kinds of outcomes that are desirable from ECCD programmes and of the kinds of strategies that could be used to measure those outcomes. Current instruments do not provide this kind of information. Two task forces were created: one to work on instrumentation appropriate for children from birth to three years of age; the second task force was created to work on instrumentation related to the growth and development from age three through the early primary grades.

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In a recent *Coordinators' Notebook* there was discussion of the fact that the Caribbean Plan of Action was ratified by the CARICOM Heads of State in 1997. Since ratification there have been several difficulties experienced in moving governments to action now that national policies have been developed. Issues being faced include the following:

no system has been set in place for monitoring the implementation of the plans, in most countries there is no existing data base on young children, which means that it is extremely difficult to measure progress, although the policy was universally approved, the regional offices have not been empowered to act on behalf of CARICOM to push implementation, no budget has been set up to support the process, and the policy is not adequately linked to national goals related to poverty alleviation.

The network, and in particular the Caribbean Child Development Center (CCDC), have been called on by diverse international agencies, by governments, and by UNICEF and others to provide technical assistance in addressing the situation of young children through programming, and to set up a resource centre for the region. However, they are experiencing a need for funds to support their infrastructure, in particular to cover staff salaries. This is a good example of a place where a network needs to be strengthened in order to support activity on tasks on which governments, development agencies and practitioners have already reached agreement. The expertise exists within the region, but it needs to be funded to do the work set out by the joint planners.

National activities in a number of Caribbean countries are going forward, but central to these is a request for technical assistance by governments to UNICEF, (who has, in turn, requested this service of the Network), and others.

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The Network of Arab Countries is organised by the Arab Resource Collective (ARC), which works in Lebanon (including the Palestinian refugee camps), Palestine, Sudan, Egypt, Morocco, Jordan and Yemen. They are reaching out to NGOs in Tunisia, Syria, and Iraq as well. ARC's activities include ECECD (Early Childhood Education Care and Development), Child to Child, Child Rights, "Better Childhood in the Arab World" Youth projects, and Women's Empowerment. They are working to integrate these themes throughout their activities, and within the organisation of their cooperative efforts.

The network functions as a cooperative, working to educate and evolve their "collective mind". Key values include holistic integrated programming, participation and the empowerment of participants, partnerships, and parent involvement. They work hard to make sure that each participant develops an active and shared understanding of these concepts, beyond mere rhetoric. The collective is engaged in documentation, including collecting and disseminating materials in ECECD (in Arabic and English), putting together a data base, writing country profiles of ECECD provision within each country, developing a training manual in ECECD which details a process for training

Activities of the Secretariat

in conducting action research. Each year they hold one regional meeting of the ECECD network and a participatory workshop on a key theme in ECECD. (This year it was on "Inclusive Education".)

Although they have identified several long term themes they wish to address (policy and the conceptual framework for ECCD actions), the evolution of the network's activities is organic, arising from the interests and needs of the participants.

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This network has a number of different training activities for ECCD partners, including the development and exchange of short papers on particular topics, exchanges/training with partners in the region, including site visits, the development of an e-mail bulletin board (the Whole Asia Bulletin Board) for sharing training resources, regional events, issues, and problems, and documenting successful efforts. There is a strong linkage between this network and the one in South East Asia; the two have coordinated exchange of information about programmes and concerns, as is reflected in the joint Asian ECD Newsletter.

Participation in the network at this point includes Save the Children personnel, national NGOs, UNICEF personnel in the region, and governments. In March, a week-long Workshop on ECCD was sponsored by UNICEF in conjunction with an international conference on Early Childhood for Health Professionals put on by the Aga Khan University in Karachi. This dual event identified some new participants for the network, and generated lots of support and enthusiasm for UNICEF's new emphasis on ECCD.

The network coordinators see one of their tasks as capacity-building of community level personnel. In addition, there is a strong concern about the low status of ECCD within the region, and the lack of programme sustainability. Descriptions of effective programme approaches in the region are being circulated within the network, along with information on interesting action research projects, such as the study in Bangladesh of how children of garment workers are cared for by their families.

Francophone Africa: Bernard Combes (contact)

Early Childhood and Family Education
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The Réseau Africain Francophone Prime Enfance (Early Childhood Francophone African Network) was created in September, 1996 for Francophone Africa and Nigeria. It is being jointly supported by UNESCO, the Regional Office of UNICEF, UNICEF Cote d'Ivoire, and FICEMEA (the international federation of CEMEA—an active learning training center movement started in France, with affiliate associations in 19 countries). The network has a fairly formalised structure, and consists of a general membership (made up of practitioners, supervisors, and others concerned with young children) organized into country "nodes" (or sub-networks), which in turn are linked through an inter-country coordination group.

An Early Childhood Resource Centre will be established in Bamako, Mali, and in a joint UNICEF/ UNESCO project, use will be made of the UNICEF Better Parenting videos (developed by Cassie Landers).

In seeking a conceptual framework for ECCD within the region, there is a strong emphasis on the Convention on the Rights of the Child, and the network is looking at how to create programming based on the CRC. Policy dialogue is also part of the strategy, as is building partnerships. At its February meeting in Bamako, the network proposed twenty projects to carry out jointly. One project is to implement a childcare centre, called Clos d'Enfants, in conjunction with women's associations in diverse settings. Another project is to collect traditional songs and materials documenting cultural practices in the region.

Eastern and Southern Africa: Barnabas Otaala Early Childhood Development Network for Africa

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In 1997, the ECDNA (the Early Childhood Development Network for Africa), worked to organize itself as a network and gained official recognition from the ADEA (Association for the Development of Education in Africa) as a Working Group on ECCD.

ECDNA worked in collaboration with UNESCO to update the directory of NGOs in Africa, and to translate *Toward a Fair Start* for Children, by Robert G. Myers, into Kiswahili. In addition, they

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helped to facilitate a three-week Institute in ECCD, held at the University of Namibia, which brought together 26 participants from eleven African countries (including representatives of NGOs, their government counterparts, and UNICEF personnel), funded by UNICEF. ECDNA also facilitated a meeting in Cape Town, South Africa in December 1997, which looked at policy and programming for children 0–3 in Africa (in collaboration with the World Bank and UNICEF). The second part of the meeting focused on the evolution of the ECDNA network. Out of this meeting, plans were evolved for 1998-99.

These plans include the documentation and dissemination of the three case studies presented in the Cape Town meeting, targeting policy makers, programme planners, and implementers. The group would like to carry out a joint Action Research project in three to five countries, looking at the socialisation of the girl child (and building upon work completed in an international study of this topic facilitated by the CG in 1996, using participants in the earlier study from Morocco and Mali as facilitators). ECDNA coordinated an ECCD Institute ("Summer School") for Francophone West Africa in November 1998 in collaboration with the UNICEF regional office in Abidjan.

Central Asia: Ayla Göksel

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The first seeds have been sown in the establishment of an ECCD network within Central Asia (including Uzbekistan, Kazakstan, Tajikistan, Kurdistan, Georgia, Armenia, Azerbaijan, and Turkey). Interested organisations and people working in the region have made initial contacts, and a seed grant was received from the Aga Khan Foundation to pursue a mapping of ECCD programmes and issues in the region. Aga Khan Foundation will also contribute knowledge and experience it has gained from its work in Tajikistan to the effort.

The countries in this region were mostly socialist but are now experiencing shifts, which include the collapse of infrastructures and changing economies. Health problems are prominent within the region. It appears that little international mapping of the situation (or development activity) for young children has been conducted, so reaching out to find key people and institutions that are concerned with ECCD is an important first step.

Plans for the region include collaborating in an International Literacy meeting to be held in May 1999, to raise awareness of the ways that literacy programmes can be used to strengthen parenting practices and to support mothers. In addition, the *Eight is Too Late* fact sheets produced by the CG have been translated into Turkish, and UNESCO has agreed to translate them into Russian as well, to use as a basis for initiating conversations with NGOs and governments working in the region, and for promoting interest in a meeting to look at needs of young children and their families.

During the summer of 1998, a field trip (with fact-finding and initial dialogue as its main purpose) was undertaken to identify people that could work on a basic situation analysis in relation to ECCD provision. Those identified were given guidelines on the types of information to be gathered and introduced to the idea of the regional network.

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This is the newest of the regional networks. Discussions about developing a network in Eastern Europe began shortly before the CG annual meeting in April. Since the meeting contacts have been made with interested colleagues in several Eastern European countries who could form the nucleus of a network. (Because many Eastern European countries had extensive early childhood care systems and policies when they were socialist states, there is extensive expertise on the subject in the region.) In addition, there are other networks that have expressed interest in being associated with the CG, including one developed through the Soros Foundation. Donor interest in the region is also high, including the UNICEF Regional Education Office, which has expressed interest in helping to support the development of an Eastern European network.

UNICEF/93-BOU0494/Cindy Andrew

Activities of the Partners

Rädda Barnen —Welcome!

Rädda Barnen (Swedish Save the Children) has recently joined the CG and we welcome them! Early childhood is integrated into everything Rädda Barnen does for children, rather than being segregated as a separate programming focus. Rädda Barnen's work focuses largely on children's rights, and the "prevention of exclusion", which means providing children-at-risk with supports they need to survive, develop and participate in their culture. The priority groups are children in hazardous work, children on the streets, children in armed conflict, children in emergency situations, and children with disabilities.

Within the International Programme, Rädda Barnen:

- supports an ECD network in South Africa;
- supports demonstration projects in South Africa and daycare centres in Bangladesh;
- supports local NGOs to provide services and conduct action research on the care of children;
- conducts child-focused research; and
- supports local NGOs working on issues of inclusion within Vietnam, Yemen, and Cape Verde.

They also support parent associations in several countries as part of their advocacy efforts. Recently they began a new initiative to collect case studies/examples of innovative community-based projects, and to document these within a booklet which will look at mechanisms for community capacity-building activities.

Rädda Barnen also develops materials aimed at increasing knowledge in child development and the socialisation of children. They have an extensive publication list, which can be accessed through their Web Site.

For more information contact: Birgitta Galldin-Åberg, Rädda Barnen, SE107 88 Stockholm, SWEDEN. Tel: 46-8-698 9000/9071 Direct, Fax: 46-8-698 9012, E-mail: birgitta.galldin-aberg@rb.se

UNICEF

Great things are happening within UNICEF in relation to ECCD! At a meeting held in late 1997, ECCD was proposed as a top priority for UNICEF. Since then a number of meetings have been held to help shape UNICEF's vision of what it wants to accomplish within a holistic ECCD framework.

A meeting in March 1998 in Karachi, Pakistan brought together educators, health professionals, and other early childhood/family advocates from Asia, who together developed a definition of ECCD and made recommendations regarding a revision of Facts for Life. The Pakistan meeting was followed by a meeting at Wye College in Kent, England in April. At that meeting, researchers who have been exploring early development and its impact on later development were brought together to decide what key messages research can provide us about the impact of early experiences on later life. Subsequent to the Wye meeting there was a series of meetings at UNICEF New York to further develop the ECCD framework. The Technical Working Group on ECCD developed a statement in September 1998 which frames their recommendation. A further description of the UNICEF early childhood strategy can be found on page 52, within our coverage of international and inter-agency ECCD initiatives.

UNESCO

UNESCO Early Childhood Partnerships Programme

UNESCO is developing collaborative relationships with regional institutions for the purpose of capacity building. The main idea is to link, at the regional level, at least one sponsor, an already existing organization, a regional partner, and a national partner or partners in the countries making up the region. *This initiative is very much in line with what we at the Consultative Group have been promoting in terms of regional networking.* The UNESCO *Early Childhood Partnerships Programme* is designed to help strengthen the regionalization process. In undertaking this initiative UNESCO is contributing to the work of the CG by having Regional Members of the Consultative Group Secretariat serve as their partner/focal point for that region. See page 53 for a description of this effort.

UNESCO early childhood action research

UNESCO co-organized an International Consultation on Culture, Childhood and Early Childhood Education (October 1–3, 1998) to explore the place of cultural dimensions within early childhood education systems and services. It was attended by some 17 participants coming mainly from universities in France, Morocco, Denmark, Mali, Japan, Germany, USA, the Netherlands. The consultation was conceived as a working session, as all participants had prepared papers which had been distributed several weeks earlier so that during the meeting there could be a real dialogue and exchange, and an attempt to come to a common understanding of issues.

UNESCO will be publishing the report of this meeting in early spring 1999. Topics were quite varied and included such things as: cultural contexts and early childhood programming; education for the improvement of cultural participation; early childhood professionalism and multi-perspective pedagogy; trends of preschool education in a changing Japanese society; appearance of literacy in early childhood education; and using cross-cultural research to question taken-for-granted beliefs.

New publications

- Partnership: A Development Strategy for Children. Action Research in the Family and Early Childhood Monograph series, no. 9. By Nico van Oudenhoven & Rekha Wazir
- Directory of Early Childhood Care and Education Organizations in Europe and North America (English and French editions) listing 558 organizations in 30 countries. This directory includes organizations involved in children's rights.
- Thematic Portfolio on Early Childhood Development: Laying the Foundations of Learning (currently available in English, being translated into French and Spanish).

Rights of the Child

UNESCO is beginning the compilation of a document outlining materials that Ministries and NGOs in different countries have produced to make the Convention known to children.

Request for Information

UNESCO is beginning preparations (inventory of situation, who is doing what, etc.) of a joint UNESCO-FICEMEA-Madagascar Ministry of Population and Solidarity Regional Seminar on Early Childhood in the Indian Ocean in Antananarivo (27 March–3 April 1999), with the creation and launching of a Early Childhood Indian Ocean network as a main objective. Any information on early childhood, young children and families in the following six Indian Ocean islands (Comoros, Madagascar, Mauritius, Mayotte, Réunion & Seychelles) would be most welcome.

Bernard Van Leer Foundation

Bernard Van Leer Foundation, like many of the Partners in the CG, has been undergoing a reorganisation process. This process has led to several activities and lines of action.

Systematisation of experience and information. The Foundation is making an effort to write up and disseminate its knowledge more effectively. It has transformed its newsletter into a more theme-focused publication, *Early Childhood Matters*, with a new look and style. The Foundation has also worked to develop its library and archive materials, to mine the wealth of programme reports and other unpublished documents, and to create data bases to codify useful information and make it accessible for both in-house and public use. They are also developing a Web Site.

Revisiting earlier efforts. In the interest of discovering to what extent the projects they have funded have had an impact on people, settings, areas of endeavor, etc., BvLF is supporting evaluative tracer studies/surveys of projects they funded in the past, starting with High/Scope's Parent-to-Parent project.

The building and developing of partnerships is high on the Foundation's agenda. One way this is being pursued is through partnership with the Consultative Group and diverse agencies on a new 3–5 year effort, called the Effectiveness Initiative (see page 51 for a description of this project).

Activities of the Partners

Inter-American Development Bank

The Inter-American Development Bank (IADB) convened a *Workshop on Children, Poverty and Violence* on April 1–2, 1998 in order to initiate a dialogue between researchers and practitioners in the field of early human development. The workshop's objectives included: identifying successful interventions in prevention and rehabilitation; defining a research agenda to improve the identification of essential packages of services; facilitating the establishment of networks at various levels; and translating these items into steps to carry forward initiatives on early human development.

Three types of participants were invited: 1) representatives of government agencies and civil society organizations with projects in early childhood development; 2) researchers who have explored relationships between early human development and health, education, violence and productivity; and 3) IADB staff from country and central offices responsible for these types of programs.

The first half-day was devoted to presentations. IADB staff described the Bank's activities in supporting human development initiatives and violence prevention (from a historical perspective and by region). Researchers from the Canadian Institute of Advanced Research (CIAR) then made presentations on several topics, among them: early childhood development; neuroscience and social policy; childhood, violence and delinquency; community-based interventions; head-start programs in indigenous communities; and prevention and rehabilitation of antisocial behavior.

Participants then identified topics for discussion and formed working groups, based on age categories (0–5, 6–12, and 13–20 years). These groups met separately and used an open space methodology to draw out conclusions on various topics, including the characteristics of the given age category, principal risk factors, interventions, role of the government, private sector and media, and a strategy for the future. They also developed recommendations in connection to the objectives of the workshop. During the final plenary session, the working groups presented their recommendations and participants made closing comments.

Overall, the workshop arrived at three major conclusions:

There are many promising interventions aimed at improving early human development of children at risk in the countries of Latin America and the Caribbean. Most of them are based in NGOs that lack a strong institutional and financial basis. Therefore, there is a need to improve the sustainability of these efforts.

The considerable leverage that the IADB has with governments and the private sector should be used for the promotion of early human development programs.

Research on early human development has been done mostly in developed countries, where community structures and availability of services are better. Therefore, there is a need to undertake research and conduct evaluations of interventions developed in the countries of the region.

Earlier in the year (February 10, 1998), IADB organized a Conference related to what is known about brain development. The title of the conference was Early Childhood and the Brain: A Pathway to Learning and Health and Well-being Throughout Life, presented by Prof. Fraser Mustard.

The invitation to the Conference stated: Early child development has an impact upon the ability of human beings to learn, to maintain health, and to develop to their full potential throughout their lives. Recent discoveries in neuro-science are opening new opportunities for early child development and thus become important elements in the efforts to improve human capital. Emotional intelligence, management of chronic stress, early sheltering, stimulation, and affection are important topics within this field.

In 1982, Fraser Mustard created the Canadian Institute for Advanced Research. The Institute is a research network that studies complex problems in the sciences and social sciences involving over 200 researchers in Canada, the United States, Europe, Israel and Japan. The programs include areas such as Cosmology, Evolutionary Biology and the Determinants of Economic Growth. The output from these programs has influenced policies in the public and private sectors in such areas as science and technology, economic growth, health and human development.

In his presentation, Prof. Mustard shared his experience in linking research results with practical interventions in the critical areas of economic and social development. Some of his thinking is reflected in the book by Robert Evans, Morris Barer, and Ted Marmor, "Why Some People are Healthy and Others Not: The Determinants of Health of Populations", an approach to Epidemiology where the benefits and costs of health services are compared with other factors influencing health.

Fraser Mustard's presentation included a series of charts that dramatically represent the impact of early deficits on later development. For copies contact Ricardo Moran at IADB.

World Bank

The World Bank has published a *Manual for Web Site Users for the Early Child Development KMS homepage*. This publication was distributed during the World Bank training week in early March 1998. The World Bank is in the process of distributing copies of the Manual to friends of ECCD. If you are interested in receiving a copy, kindly forward your address to: eosbourne@worldbank.org, or contact Euna Osbourne at (202) 473-0837.

The Bank has been undergoing a re-organisation process, which has resulted in the following units:

Operations which contains the regional offices (Africa, Latin America and the Caribbean, South Asia, South East Asia, Central Asia, and MENA). These offices have limited budgets, but provide technical assistance to country desks (at Headquarters), which control much of the lending budget.

DEC—The division concerned with research and economic analysis.

EDI—The focus here is on training.

HD—The Division which has more content focus: Education, Health, Social Protection, etc. (Mary Young is housed in the Education section of this division.)

ISP—The Institute for Social Policy which is responsible for Bank/NGO relations.

Activities of the Partners

The Bank is able to make two types of investments that may be useful in funding ECCD. Both of these must be applied for from the country level.

LILs (Learning and Innovation Loans) which allow for grants of up to 5 million dollars to test diverse programming strategies, and conduct monitoring and evaluation activities. These loans are relatively quick to set up (in about 60 days) and can be granted for 2–3 years;

APLs (Adjustable Program Loan) is for a long-term commitment to a country program. The importance of this loan is the length of commitment to the process of implementing programs.

The Bank sees its institutional advantage as 1) access to finance ministers and governments, 2) an analytical capacity, and 3) ability to finance projects. There is great interest from Bank leadership in partnerships and collaboration between NGOs, governments, the Bank, and the private sector.

For more Information about the World Bank's ECCD programmes, contact: Dr. Mary Young, Human Resource Development, World Bank Room G 8-034, 1818 H St. N.W., Washington D.C. 20433, Tel: (202) 473-3427, Fax: (202) 522-3234, E-mail: myoung3@worldbank.org; Susan Opper, Africa Desk, 1818 H St. N.W., Washington D.C. 20433, Tel: (202) 473-9332, Fax: (202) 477-2900, E-mail: Sopper@worldbank.org

Save the Children USA

Save the Children's Strong Beginnings programme does not single out the youngest children, but rather seeks to address early childhood development within the context of the entire span of childhood, thus attending to young children's needs within the context of their ongoing evolution. Strong Beginnings has three key areas of interest: ECCD, primary education, and Youth and Adult non-formal education. Adolescence is a relatively new focus for SCF-USA.

The focus of the SCF's Strong Beginnings effort is community development, looking at how community groups in diverse contexts can carry out child development programmes with minimal external support and/or at minimal cost. It also looks at how parents can be motivated to change through ECCD programmes, how ECCD can be used as an entry point for other community development activities, how functional literacy can be extended to include parenting education, and whether communities can share in programme costs as a way to foster programme sustainability.

An example is SCF/USA's work in Mali with 655 community schools, which aims to support children in their first four years of primary school. In Mali, SCF is also supporting the development of different models for supporting children's transitions into school and achieving success in the early years of schooling. One example involves creating grandmothers' groups which are linked to schools; this supports families inter-generationally.

For more information about Strong Beginnings contact: Fred Wood, Education Office, Save the Children, 54 Wilton Road, P.O. Box 950, Westport, CT 06881, USA. Tel: (203) 221-4125, Fax: (203) 221-3799, E-mail: fwood@savechildren.org

Christian Children's Fund

Christian Children's Fund is currently at work in 30 countries, and, like many groups within the CG consortium, is striving to clarify and articulate how to create higher quality, integrated programming in support of young children's development. They are focusing in particular on incorporating children's psychosocial well-being more holistically into their work, which in the past has been stronger in the health and nutrition dimension of care.

CCF emphasises community participation and mobilisation. They are also focused on improving quality and consistency across their programmes, and toward that end are promoting the use of a programming Development Guide and the Well-being Strategy produced by Judith Evans in collaboration with their Well-being Working Group in 1996.

CCF has produced a videotape, "Little Big Steps", on their programme within Honduras, in which community educators have trained local mothers to serve as guide mothers, who interact with groups of 5–8 families to foster greater awareness of child development concerns and better care for children.

For more information about CCF programmes contact: Dr Michelle Poulton, Director, Europe Office, Christian Children's Fund, Boite postale 2100, 150 route de Ferney, 1211 Geneve 2, Switzerland, Tel: (41-22) 788 90 77, Fax: (41-22) 788 90 83, E-mail: Michelle.ccf@cortex.ch

OECD

Thematic Review of Early Childhood Education and Care Policy

In spring 1998, a new *Thematic Review of Early Childhood Education and Care Policy* was launched under the auspices of the Education Committee[1] of the Organisation for Economic Co-operation and Development (OECD).[2] Thirteen countries volunteered to participate in the review between autumn 1998 and summer 2000: Belgium (Flemish and French Communities), Czech Republic, Denmark, Finland, Italy, Mexico, the Netherlands, Norway, Portugal, Sweden, Switzerland, the United Kingdom and the United States. These countries have reached agreement concerning the framework, scope and process of the review and have identified the major policy issues for investigation.

Review objectives

The goal of the review is to provide cross-national information to improve policy-making and planning in early childhood education and care (ECEC) in all OECD countries. With the aid of ministries and the major actors in ECEC in each country, the review will seek to:

- Distinguish and investigate the ECEC contexts, major policy concerns and policy responses to address these concerns in participating countries;
- Explore the roles of national government, decentralised authorities, NGOs and other social partners, and the institutional resources devoted to planning and implementation at each level;
- Identify feasible policy options suited to different contexts;
- Evaluate the impact, coherence and effectiveness of different approaches;

Activities of the Partners

- Highlight particularly innovative policies and practices; and
- Contribute to the INES (Indicators of Education Systems) project by identifying the types of data and instruments to be developed in support of ECEC information collection, policy-making, research, monitoring and evaluation.

Scope of the review and major issues for investigation

In order to examine thoroughly what children experience in the first years of life, the review will adopt a broad, holistic approach. It will study policy, programmes and provision for children from birth to compulsory school age, including the transition period from ECEC to primary schooling. Consideration will be given to the roles of families, communities and other environmental influences on children's early learning and development. In particular, the review will investigate concerns about *quality*, *access* and *equity* with an emphasis on policy development in the following areas: regulations, staffing, programme content and implementation, family engagement and support, funding and financing.

Organisation of the review process

The review process has five main elements:

1. To inform the planning and implementation of the review, a series of working papers have been prepared on the following topics: ECEC developments in OECD countries; ECEC regulations; training and education for ECEC staff; financing ECEC services; and economic aspects of ECEC.
2. Guided by a common framework, each participating country will draft a *Background Report* that will provide a concise overview of the country context, major issues and concerns, distinctive ECEC policies and provision, innovative approaches and available evaluation data.
3. A multinational team of reviewers with diverse policy and analytical backgrounds will then study the *Background Report* and other relevant materials, prior to conducting an intensive case study visit of the country in question.
4. Following the *Review Visit*, a short *Country Note* will be prepared by the OECD Secretariat, which will draw upon information provided in the *Background Report*, the *Review Team* assessment and other relevant sources. The *Note* will provide insights into current ECEC policy, the major challenges encountered, the means adopted to meet national goals, and it will explore feasible policy options to ensure quality, access and equity.
5. The review will be completed by a *Comparative Report* drafted by the OECD Secretariat. The report will provide a comparative review and analysis of ECEC policy in all thirteen participating countries. Focusing on key policy issues and responses in the ECEC field, its interim drafts will benefit from the contributions of national representatives and experts at future meetings. The *Comparative Report* will be available in early 2001.

With approval from country authorities, *Background Reports*, *Country Notes* and other review findings will be shared with all interested policy makers, researchers, programme developers and practitioners.

Activities of the Partners

ENDNOTES

[1] The work is being carried out by the Education and Training Division under the direction of Abrar Hasan.

For more information on the Thematic Review of Early Childhood Education and Care Policy, please contact: Michelle J. Neuman, OECD/Education and Training Division, 2, rue André-Pascal, 75775 Paris Cedex 16, FRANCE. Tel: (33-1) 45-24-92-65. Fax: (33-1) 45-24-90-98. Email: michelle.neuman@oecd.org

[2] The Organisation for Economic Co-operation and Development (OECD) is a Paris-based inter-governmental organisation of 29 Member countries (Australia, Austria, Belgium, Canada, the Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Japan, Korea, Luxembourg, Mexico, the Netherlands, New Zealand, Norway, Poland, Portugal, Spain, Sweden, Switzerland, Turkey, the United Kingdom and the United States), each committed to the principles of the market economy and pluralistic democracy. The OECD provides its Member countries with a forum in which governments can compare their experiences, discuss the problems they share and seek solutions which can then be applied within their own national contexts. The OECD promotes policies designed: (1) to achieve the highest sustainable economic growth and employment and a rising standard of living in Member countries, while maintaining financial stability, and thus to contribute to the development of the world economy; (2) to contribute to sound economic expansion in Member as well as non-member countries in the process of economic development; and (3) to contribute to the expansion of world trade on a multilateral, non-discriminatory basis in accordance with international obligations.

UNICEF/5526/John Isaac

New Organizations

International Society for Early Intervention (ISEI)

A new organization has recently been created, called the International Society for Early Intervention (ISEI). This organisation was begun by people who work with children with special needs, and it appears to have quite an academic focus. However, in the description of the organisation it appears to have a broader mandate than one which is strictly academic. The Consultative Group has joined ISEI so that we can follow developments and share with them what we have to offer. The following description comes from their Web Site.

Purpose of the Society: Issues relevant to early intervention transcend national boundaries. The rapidly expanding knowledge base of early intervention is the product of contributions from researchers, clinicians, program developers, and policy-makers from numerous countries. Communication within and across national boundaries of these advances has improved in recent years due to technological innovations, greater availability of journals and reports, as well as increased interest in international organizations. Yet international early intervention collaborations and sharing of knowledge are far from adequate. In part, this state-of-affairs reflects continued difficulties related to communication between specialists representing numerous disciplines, communication between basic and applied scientists, and communication between researchers and those concerned with the practical implementation of programs. Moreover, the tendency of international organizations to focus on a specific group of children, such as individuals with established intellectual disabilities or children at risk for developmental problems due to prenatal exposure to alcohol, does not easily permit early interventionists to address the critical issues that transcend disability or risk status.

In view of this, the primary purpose of the ISEI is to provide a framework and forum for professionals from around the world to communicate about advances in the field of early intervention. The membership of ISEI is composed of basic and clinical researchers relevant to the field of early intervention representing a diverse array of biomedical and behavioral disciplines, as well as clinicians and policy-makers in leadership positions. As such, linkages between basic and applied research, interdisciplinary collaborations, and connections between research and practice will be emphasized. Specific functions of the ISEI include publication of the ISEI Newsletter that will include summaries of recent advances, provide a forum for controversial issues, and contain interviews with key individuals. To further communication and research collaborations, the ISEI will sponsor international conferences, provide information about conferences relevant to the field of early intervention, publish a membership directory, and establish an information exchange mechanism through the Internet. From time-to-time, the ISEI will publish monographs of special interest to its members.

Organization: The ISEI membership is organized on a country-by-country basis. Although membership is individual, this structure is designed to take advantage of existing within-country networks and to complement established professional activities and organizations. At the present time, it is not anticipated that dues will be required, although a nominal charge for mailings may be needed as the membership expands.

With regard to membership, ISEI now has approximately 250 members representing 30 countries. To simplify the application process, it is now possible to download the application to ISEI from their Web Site and then forward it to the address below for processing. Please do not hesitate to encourage colleagues who you think would benefit from membership in ISEI to join. For more information contact: Michael J. Guralnick, Ph.D., Director, Center on Human Development and Disability, Professor of Psychology and Pediatrics, University of Washington, Box 357920, Seattle, WA 98195-7920, Tel: (206) 543-2832, Fax: (206) 543-3417, E-mail: migural@u.washington.edu

The Center for Health and Gender Equity

The Center for Health and Gender Equity is a relatively new non-governmental organization that is, in effect, a watchdog with regard to international population and reproductive health programs. Taking a human rights/women's rights perspective, the organisation examines US and other international donor-funded reproductive health programs in developing countries to see that they are carrying through on international agreements such as those developed at the Beijing meeting or at the Cairo conference on population and development. (You may have read in the news about the discovery that some US-supported sterilizations in Peru were coercive—The Center for Health and Gender Equity was involved in making that news known to the public.)

An important difference between this and many other human rights and feminist groups is that the Center does not merely want to denounce actions, but to make recommendations for improvements. In the currently political climate, where criticisms of international assistance often lead to reductions in funding, the Center attempts to work gently with the donor agencies in bringing about changes in their programs, rather than shutting them down.

For more information contact: Margaret E. Greene, Ph.D., Center for Health and Gender Equity, 6930 Carroll Avenue, Suite 430, Takoma Park, MD 20912 USA, Tel: (301)270-1182, Fax: (301)270-2052, E-mail: mgreene@genderhealth.org

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Calendar

Since 1999 marks the end of the century, many organizations are hosting conferences and meetings. Here are a few of the upcoming events.

January 18–19, 1999

International meeting on sexual abuse of children, child pornography, paedophilia on the Internet: an international challenge
UNESCO Headquarters in Paris

For more information contact Mr. Choy Arnaldo, Chief of the Communications and Policies Research section, UNESCO, 1 rue Miollis, 75015 Paris, France, E-mail: c.arnaldo@unesco.org at UNESCO
Tel: 33-1 45 68 42 40, Fax: 33-1 45 68 57 55.

July 7–9, 1999

Children's Rights: National and International Perspectives
Children's Issues Centre Child and Family Policy Conference
New Zealand

The Children's Issues Centre in New Zealand is hosting this international meeting, which is being co-sponsored by ChildWatch. It is expected that this meeting between researchers, politicians, and programming people from New Zealand and the ChildWatch group will be most productive.

If you want more information, contact: Per Miljeteig, Director, CHILDWATCH INTERNATIONAL, P.O.Box 1132 Blindern, N-0317 OSLO, Norway, Tel: 47-22 85 42 88, Fax: 47-22 85 50 28, E-mail: per.miljeteig@childwatch.uio.no

October 13–15, 1999

Children and Violence: Our Individual, Family and Collective Responsibilities
Montreal, Canada

The Organization for the Protection of Children's Rights (O.P.C.R.) is hosting this international conference. The call for papers follows:

Proposals are now being sought by the Organization for the Protection of Children's Rights (O.P.C.R.) scientific committee for presentation at our 4th International Conference on the Child to be held on October 13, 14, 15, 1999 in Montreal, Canada. The conference will bring together psychologists, psychiatrists, medical doctors, sociologists, anthropologists, social workers, educators, lawyers, and judges as well as other professionals who work for the best interests of the child.

Proposals should be submitted based on the theme of the conference, CHILDREN AND VIOLENCE: OUR INDIVIDUAL, FAMILY AND COLLECTIVE RESPONSIBILITIES, and one of the following sub-themes:
1) Children and Violence: The Role of Media
2) Conditions that Give Rise to and Perpetuate Violence Involving Children
3) Issues Related to Global Conditions: Economy, Poverty and Violence
4) Current Perspectives on Violence: Individual, Family and Collective Responsibilities

5) Prevention of Violence: Programs and Initiatives
6) Moving Towards Solutions: School, Family, Community and Society, Police, Law

Proposals of 15 to 20 minutes will be grouped into workshops with a common theme. We will also be presenting a format where 3 or 4 panelists will debate on a specific theme or question. Any proposal for workshops or panels can be submitted and will be reviewed by the scientific committee.

Proposals must be submitted in writing and should include the following: the title of the paper, name, address, phone number and fax number of the speaker, a typed summary (200–300 words) of the paper and a short description (50 words) for the program. Papers must be received at our offices by Friday, January 15, 1999, at the address indicated below. Each paper will be examined by our scientific committee and written notification of the committee's decision will be sent to you by: Monday, April 5, 1999.

Calendar

The Organization for the Protection of Children's Rights (O.P.C.R.) is a non-profit organization whose mission is to protect the rights and serve the needs of children in our society. With the help of our multidisciplinary group, our first objective is to find the causes of the problems that threaten our children (sexual, physical and emotional abuse, suicides, drug and alcohol abuse, delinquency etc.) and to prevent these problems by proposing solutions to help families and society adapt through education and other means.

For more information contact: Angela Ficca, O.P.C.R., 5167 Jean-Talon East Suite 370, Montreal, QC H1S 1K8, Canada, Tel: (514)593-4303, Fax: (514)593-4659, E-mail: osde.opcr@sympatico.ca

June 1999

Central Asia Regional Literacy Forum
Lifelong Literacy Development: From Early Childhood Development to Adult Literacy, Istanbul, Turkey

Regional Forum Overview: As the countries of Central Asia (many of which are Newly Independent States) prepare to enter the 21st century and face the new challenges of globalization and market economies, the importance of literacy for all has become self-evident. The breakdown of traditional support networks caused by mobility and urbanization combined with the increased needs for collaboration add new and growing demands on literacy skills among the peoples in the region.

The Forum is convened jointly by the International Literacy Institute (ILI), Mother Child Education Foundation (MOCEF), UNESCO, Turkish Ministry of National Education Non-Formal Education General Directorate, the Consultative Group on Early Childhood Development, a group of participating Asian universities and specialized institutions and organizations, and others.

Sponsors: The Forum will be co-sponsored by the ILI, MOCEF, Turkish Ministry of National Education Non-Formal Education General Directorate, UNESCO, UNICEF, Norway, World Bank, and other institutions to be named.

Focus: The Forum will provide an opportunity for discussion among policymakers, researchers, and practitioners from all over Central Asia, including the five Central Asian states (Turkmenistan, Uzbekistan, Kazakhistan, Tajikistan and Kyrgizstan) and the three Caucasian republics (Georgia, Armenia and Azerbaijan), and Turkey, as well as other interested countries in the larger region. One special focus of this Forum is on "lifelong literacy", which is meant to encompass the development of literacy from birth onwards.

Participation/Costs/Site: The Regional Forum is limited to about 150 persons. You are invited to indicate your interest and/or nominate persons to attend, as well as to suggest papers or topics to the Secretariat. Participation costs must be borne by individuals or sponsoring agencies. The Forum participant fee for those outside of Turkey is US$150/person, the fee for Turkish participants will be lower. The Forum will be held at in Istanbul, Turkey. Information about hotel accommodations and rates will be provided as a later date.

For more information contact Ayla Goksel (contact points above) or Dr. Daniel A Wagner/ Dr Mohamed Maamouri, International Literacy Institute, University of Pennsylvania, 3910 Chestnut Street, Philadelphia, PA 19104-3111 USA. Tel: (215)898-9979/9803, Fax: (215)898-9804, E-mail: ILI@literacy.upenn.edu

See: http://www.literacyonline.org for a Regional Forum Overview.

Calendar

The *Coordinators' Notebook*, a publication of the Consultative Group on Early Childhood Care and Development, is published twice annually.

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THE CONSULTATIVE GROUP ON EARLY CHILDHOOD CARE AND DEVELOPMENT (CG) is an international, interagency group dedicated to improving the condition of young children at risk. The CG grounds its work in a cross-disciplinary view of child care and development.

Launched in 1984, the CG has taken as its main purpose the fostering of communication among international donor agencies and their national counterparts, among decision-makers, funders, researchers, programme providers, parents and communities with the goal of strengthening programmes benefitting young children and their families.

The Consultative Group is administered and represented by its Secretariat. The Group includes a broad-based network of participating organisations and individuals who share a commitment to fostering the well-being and healthy development of young children. Administrative backstopping is provided by Education Development Center (EDC).

The *Coordinators' Notebook* is prepared by the Secretariat of the CG with support from UNICEF, UNESCO, USAID, the World Bank, the Aga Khan Foundation, the Bernard van Leer Foundation, Christian Children's Fund, High/Scope Foundation, InterAmerican Development Bank (IDB), Radda Barnen, and Save the Children USA.

GOALS

TO INCREASE THE KNOWLEDGE BASE The CG gathers, synthesizes and disseminates information on children's development, drawing from field experiences, traditional wisdom and scientific research.

TO SERVE AS A CATALYST The CG works to increase awareness of issues affecting children, developing materials and strategies to help move communities, organisations and governments from rhetoric to practice, from policy to programming.

TO BUILD BRIDGES The CG fosters networking among those with common concerns and interests, working across sectoral divisions, putting people in touch with the work of others by organising meetings, by disseminating information through publications, and by serving as a communications point.

TO SERVE AS A SOUNDING BOARD The CG engages in dialogue with funders and decision-makers about developments in the field, providing the base for policy formulation, planning, programming and implementation.

Members of the Secretariat occasionally provide technical assistance to individual organisations in programme design, implementation and evaluation, and in the writing of technical papers and reports.

The *Coordinators' Notebook* is produced twice annually. It is one of our networking tools. Each issue focusses on a particular issue or topic, as well as offering network news. We try to provide information on the most appropriate research, field experience and practices to benefit individuals working with young children and their families. We encourage you to share this information with the other networks you take part in. Feel free to copy portions of this *Notebook* and disseminate the information to those who could benefit from it. Please let us know about any programmes or efforts benefitting young children and their families in which you may be involved.

For further information and to subscribe contact:
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